2411 N. Charfes St., Baftimore

00515

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEAT	H:		(For newborn infants give residence of mother)		
County Frederick			State Maryland County Carroll		
City or tead. Frederick (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death?			Taneytown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:		eath occurred:			
Frederi	ck City	Hospital	Street No. (If rural, give LOCATION)		
New long in hospital or las	titution? Dead	on Arrival	2.(α) If veteran, name war. None	<u> </u>	
3. (a) FULL NAME			3. (b) Social Security	Number	
J. (a) I OLL IMINE	MABEL W	T DETT	J. (0) Bucian Becamy	Mampet	
	. Color or race	6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION		
F	W	D	2D. DATE DF DEATH 11 January 19.47		
6.(b) Name of husband or	Albert	P. Bell	21. I CERTIFY that death occurred on the date above stated; that I attended dece		
			null 19 10	19	
T. Birth date of		23, 1916	and that f last saw h draw after on // January	194.7	
deceased (mo., day, yr.)		Days If less than one day	Immediain cause of death	DURATION	
8. AGE: Years	Months		FRACTURED SKULL	30 MIN.	
30	2	19 mi	<u>n.</u>	**	
. Carr	oll Cour	nty Maryland	Due to		
		ounty, and state)			
1D. Usual occupation	Laborer	***************************************	Due to.		
as andreadous on burnings B	lue Ride	ge Rubber Company		*	
# 12. Name Will	iem M. T	Janghn			
			Dther conditions		
13. Birthplace M			(Include pregnancy within 3 months of death)		
五 14. Malden name	Carrie .	J. Wantz			
15. Birthplace M	arvland		Major findings of operations.		
		Transachan	Date of op		
101 1111011110111	liam M.		Autopsy results	statisticaffy	
Address Tan	eytown,	Maryland		January.	
Burial		Date thereof 1/14/47	22. VIOLENCE: If death was due to external causes, fill in the following:	Tn. 1/17	
17 Burial	removal. Which?)		Accident, suicide, or homicide. PCC!DEAT. Date of //	Y MY TI	
Compton or cromateme	Luther	an Cemetery	Where did Injury occur? NR UNION BRIDGE FREDERICK. (City or town) (County)	(State)	
	Tanevt	own, Maryland	Injured at home, farm, Industry, public place (where?) STATE HIGH	LWAY	
Location			Means of Injury AUTO ACCIDENT Injured at work?	No	
*18. Funeral director		Fuss and Son			
Address	Taneyt	own, Maryland	- 23 SIGNATURE Charles H. Conley,	A. M. W.	
13-90	7	Elizabeth & Head	De med. Examiner WE	or other	
(Date rec'd by tegist	rar)	Registr	Address FREDERILK Md. Date signed	12 JAN 41	
1					

information carefully. The of death clearly and legibly ADING INK. Supply every item of Physicians: please write the causes FOR BINDING MARGIN RESERVED PLAINLY, vis especially

age

important.

PLEASE

JAN 14 1947

Reg. Dist. No ..

MARYLAND STATE DEPARTMENT OF HEALTH 159
CERTIFICATE OF STILLBIRTH

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Prederick		State MARY/And
	City or town Onedy 12: e/ - Rural		County nederie/
	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
	Emengencey Hospital		
<i>y</i> -	Length of mother's stay in County		Street No. 14.5-8 W. 12trick St.
3.	Name of child Baly Borne	4.	Date of birth January 15 1947 Hour 645 M.
5.	Sex Male 6. Twin or triplet	11	No. of weeks pregnancy 22
	FATHER OF CHILD	11	MOTHER OF CHILD
8.	Full name Spencer Bowie	12.	Full maiden name 1 x2.02 13 Pown
9.	Color Colored 10. Age at time of this birth 3.3 yrs.	13.	Color Caloned 14. Age at time of this birth 29 yrs.
11.	Usual occupation LALORER		Usual occupation House wice
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea		
17.	Did child die before labor? During labor?. La	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
18.	Pregnancy, complications of Van.		(a) Fetal causes Prematurity.
	7.2.4		, ,
19.	Labor: (a) Complications of Tone (b) Induced? Two		(b) Maternal causes unlesson
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(Yes or No) (b) State all operations, if any		on the date and hour above stated.
	(-/	:	Signature 13.0. Mumas J. M.D.
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address Frederick, and.
23.	(a) Burn al (b) Date thereof an 17-1947 (Burial, cremation or removal)	25.	(a) 17 Au 1947 (b) Elizabeth Tech. (Date regid by registrar) (Registrar)
	(Burial, cremation or removal) (c) Cemetery or crematory (night) (day) (year)	26.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director 19. 6 Nout Augit		The above certificate has been examined by me.
	(b) Address Montenes Ired & Co. Md.		Health Officer, per

A10 so.

* See Instruction C on stub.

JAN 21 1947 BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

102

00516

CERTIFICATE OF DEATH

Reg. Diat. No. 147

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (Yor newborn infants give residence of mother) State County C		
How long in above place of death?	Street to Market (If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME EMMA C. BRAS	heare 5 3. (b) Social Security Number		
4. Sex 5. Color or pace 8.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 5 30P. N		
B. (b) Name of husband or wife Frances Braskears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	19 , 10		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		
91 3 8hrsmin.	(Possible Chromacoluin)		
9. Birthplace Canoll Co - Mary land (Town, county, and state)	Oue to High 15 you		
10. Usual occupation	Oue to		
11. Industry or business			
12. Name John Courtier 13. Birtholace Mary Land	Other conditions		
14. Maiden name Sydney Gos nell 15. Birthplace Mary Land	(Include pregnancy within 8 months of death) Majer findings of operations		
\$ 15. Birthplace Maryland	Date of op.		
18. Informani Ma Meridian Brancheans	Actopsy results		
Address Mr. Chris. Mil	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, commetion, commercial Whiteh?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremetery	Where did injury occur?		
Location Mr. Curry Frellerich a. Ma	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?		
18. Funeral director	mania of injuly		
Address Win field Mix	23. SIGNATURE Charles X Chilly M.J. of other		
(Date rec'd by registrar) Registrar	Address F. S. L. Leele M. Oate signed 6 Jan 1947		

RECEIVED

JAN 9 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

LIFE.			- 1		
	1	3	7	-	

00517

M. D. X-XDX-X

Address State Sana torium, Md oate signed 1/8/47

CERTIFICAT	TE OF DEATH Reg. Dist. No. 139
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Kensington (If outside city or town limits, write RURAL and give nearest town) Street No. 15 Fawcett St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME George P. Burton	3. (b) Social Security Number 577-03-5762
Male 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 7 18, 47 3, 11:50]
8. (b) Name of Name wife. Lillian Burton 6. (c) If alive, give age. 41 years 7. Birth date of deceased (mo., day, yr.) December 9, 1902 8. AGE: Years Months Days If less than one day 44: 0 29 hrs. min. 9. Birthplace. Washington, D. C. (Town, county, and atate) 10. Usual occupation. Automobile mechanic 11. Industry or business 12. Name. George J. Burton 13. Birthplace England 14. Maiden name. Martha R. Wilson 15. Sirthplace Scotland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 18.46 to Jan 7 18.47. and that I last saw him alive on January 7 18.47. Immediate cause of death DURATION Pulmonary Tuberculosis 13 Mos. Due to Due to Unclude pregnancy within 8 months of death) Major findings of operations.
15. 8irthplace Scotland Deceased	Actopsy results PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Wm. Reuben Pumphrey Address, 7557 Wisconsin Ave., Bothesda	Means of injury Injured at work?

JAN 10 1947 BUREAU 8.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTHX

2411 N. Charles St., Baltimore

520

CERTIFICATE OF DEATH

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Del.	0.0	UL	132	0
	Reg. Dist.	No	1.2	

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Slale Maryland County Frederick	
City or journ	Frederick	
Kow long in above place of death? Lifetime Nospital, Institution, or streel address where death occurred: Frederick City Hospital How long in hospital or institution? 6 weeks	City or town Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 116 West Third Street (If rural, give LOCATION) World War I	
3. (a) FULL NAME	3. (b) Social Security Number	
LESLIE N. COBLENTZ	None	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2D. DATE DE DEATH January 4th. 19 47 , at 4:30a	
6.(b) Name of husband or wife Mary Helen Wyand 6.(c) If alive, give age 48 years 7. Birth date of deceased (mo., day, yr.) September 15, 1895	21. I CERTIFY I hal death occurred on the date above stated; that I ettended deceased from 19.46, to 9.44. and I half last saw h	
8. AGE: Years Months Days I fless than one day	Immediate cause of death	
51 2 15hrsmln.	Carenna & R. Kidney 6 ms.	
9. Birthplace (Town, county, and state) Lawyer	Due to	
11. Industry or business 12. Name Calvin R. Coblentz	70 0001:	
Frederick County Md	Other conditions Deadered When - 117 6	
	(Include pregnancy within 8 months of death)	
E 14. Malden name Lizzie L. Brandenburg	Major findings of operations. Clarac. J. R. K. dang	
Lizzie L. Brandenburg 14. Malden name Frederick County Md.	Lys Rephronia Caladi Date of op Plang 1, 46	
16. Informant Mrs. Leslie N. Coblentz	Autopsy results. Mari	
Address Frederick, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial Dale Ihereof Jan 7 - 1947 (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or eremetery Christ Reformed Cemetery	Where did injury occur?	
Middletown, Maryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. C.E. Cline and Son	Means of Injury Injured at work?	
Address Frederick, Maryland	a warre M. a. Pearre M. D.	
19. 6 200 19.47 Elizabethy, Hecks (Date set d by registrar) Registrar	23. SIGNATURE M. D. or other Address Julium M. D. or other Address Julium M. Date signed / 6 / 4 7	

JAN 7 1947

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

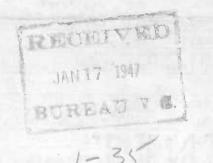
2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

(0516310) Reg. Diat. No. 16310

1. PLACE OF DEATH: County Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
CHyeries Adamstown - (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			ars	State Maryland County Frederick City or lown Adamstown - (rural) (17 outside city or town limits, write RURAL and give nearest town)			
How long in hospital or institution?				(If rural, give LOCATION) 2.(a) If veteran, name war. None			
3. (a) FULL NAM		HARLES	ELMER COMPHER		3. (b) Social Security None	Number	
4. Sax	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White	W:	idowed	20. DATE OF DEATH. Januar	у 14 19 47	.10:15p.	
7. Birth date of		8.(nael Compher	21. I CERTIFY that death occurred on the date abo	ove stated: that I atlended dece	ased from 4th 1947	
8. AGE: Year		Days	If less than one day	Immediate cause of death	<u>re</u>	2 days	
7	0 7	7	hrsmin.	Thitial accident			
9. Birthplace	Lovettsv.	ille,	Virginia	Due to April, 1938.		••••••••	
10. Usual occupation.		Mail	Clerk	Due to Forked arterio	sclerosis	•	
11. Industry or busine 12. Name	Townsend C Loudon Cou	ompher	irginia	Other conditions		•	
14. Maiden name 15. Birthplace	Sallie	E. Bo	wers	(Include pregnancy within 3 major findings of operations.			
El 15. Birthplace			y- Virginia		Date of op		
A	rs. R. Mon		***************************************	Antopsy results	hich death should be charged	statistically.	
17 Burial	danstown-	Date ther	Jan. 17-1947 (month) (day) (year)	22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	Date of		
Cemetery or crametery. Mount Olivet Cemetery Frederick, Maryland			Cemetery	Where did lajury occur?(City or town)			
Location	Freder	ick, M	aryland	injured at home, farm, industry, public place (w			
18. Funeral director	C.E.Cl	ine an	d Son	Means of Injury	Injured at work?		
Address	Freder	ick, M	aryland	23. SIGNATURE.		orother	
Date recd by r	egistrar)		Registrar	Address Trederick, Mar	7 Land Date signed.	1/16/47	



state Exact statement of OCCUPA-Infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 00520				
1. PLACE OF DEATH				
County Tre levels	Registration Dist. No. 1310			
Village or City Ire denils at Hospital	No. St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign blrth?yrsmosds.			
2. FULL NAME Summerfuld Sond				
(a) Residence: No. Www. time	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
male white wednes	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22a HEREBY CERTIFY, That I attended deceased from			
(or) WIFE of Susanna Condon	Jan 1 1947 to Jan 26 1967			
6. DATE OF BIRTH (month, day, and year) Warely 25-1854	I last saw h. Assa alive on Joseph 216 19 47; death is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at			
0 h 1 h 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8 Trade profession or particular	were as follows:			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	P. O. mar Embelia			
9. Industry or business in which	Jacob Rose			
work was done, as SILK MILL, SAW MILL, BANK, etc				
O 10. Dato deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) Carrell Co. N.d.	Other Contributary Causes of Importence:			
(State or country)	Macline V Ferm			
E 13. NAME Water Condon				
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	Name of operation 2000 Date of			
(State or country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Susama Skrisler	23, If death was due to external causes (VIOL ENCE) fill In also the following:			
15. MAIDEN NAME Surally 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?			
State or country)	Where did injury occur? / Horses Jale			
Ma Bara Cara Da	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
17. INFORMANT (Address)				
18. BURIAL, CREMATION, OR REMOVAE	Manner of Injury Declare Jemes			
Place Layers Mill um Date Jan 29, 1947	Nature of injury 7 Q Q			
10 HADEPTAKED () MA. Wall.	24. Wes disease or injury In any way related to occupation of deceased?			
19. UNDERTAKER (Address) Wan full Ma	If so, specify			
20 FILED 28 Jan 19 47 Elisbetta & Hech.	(Signed) GATLONG M. D.			
20. FILED J. 8. Your., 19. W.T	(Address) Jederich luck			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were	of death and related causes as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	KURE	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	JAN 29 1947	3 days ago
			STREADING	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1-35	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

ARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00521

Rog. Dist. No. 139

1. PLACE OF DEATH: County Frederick Cly or town State Sana to rium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 5/3/46 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How long in hospital or institution? Since 5/3/46 3. (a) FULL NAME Edna Hymes Corrick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Mary land County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Streef No. (If rursl, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number 215-20-5725
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Separated	20. DATE OF DEATH Jan uary 17 19. 47 21 11: 201
6.(b) Name of husband XXX Forrest Corrick 6.(c) It alive, give age 37 years 7. Birth date of deceased (mo., day, yr.) April 25, 1910	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from May 3 19.46 to Jan 17. 19.47. and that I last saw h. er alive on Jan us ry 17. 18.47.
8. AGE: Years Months Days If less than one day 36 8 23	Pulmonary Tuberculosis 18 Mos.
8. Birthplace Chaneysville, Pennsylvania (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name George Hymes 13. Birthplace Maryland	Bue to Bue fo Bther conditions
14. Maiden name Nancy Hymes 15. Birihplace Flintstone, Md.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 16 Walnut St., Ridgely, W.Va.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory. Location Cumberland, Ma	Accidenf, suicide, or homicide
t8. Funeral director	Mesne of injury Injured at work? Reserved Re
Addrese Thurmont Maryland 19. /// 47 19	23. SIGNATURE Q. W. /Salles M. D. & Anger Address State Senatorium, Md. Date signed 1/18/1/7.

RECHIVED JAN 20 1947 BURYA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1390 Reg. Diat. No ..

CERTIFICAT	TE OF DEATH Reg. Diat. No.	1390	
1. PLACE OF DEATH: Frederick CUT or town. State Sana torium, Md. CUT outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 5/13/45 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana torium How tong in hospital or institution? Since 5/13/45	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land Couciy City or town City or town City or town City or town imits, write RURAL and give nearest town) Street No. 3433 Wood stock Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security		
Mary Margaret Crane 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	212-01-017	12	
Female S. Color or race 6.(a)Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 27 19. 47	at 5:40Pm	
S.(b) Name of husband Andrew F. Crane, Jr. S.(c) If allve, give age	2t. I CERTIFY that death occurred on the date above stated; that I attended date May 13 19.45 10 Jan 27 and that I last saw her alive on January 27 Immediate cause of death Pulmonary Tuberculosis Bue to. Differ conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	7 19 47 19 47	
Address 17. Buril (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address Thurmont, Maryland	Antopsy results	(State)	
19. Jan. 28 19. 47 J. D. Myn Registrar	Addres State Sana torium, Md. Date signed.	1/28/47	

	urity Number 0172	
MEDICAL CE		
20. DATE OF DEATH January 27	t9	47 at 5:40P
21. I CERTIFY that death occurred on the date above May 13 to 4.	5 to Jan.	27 19 47
Immediate cause of death	*************************	DURATION
Pulmonary Tubercu		
Due to		
Dua to	•••••	•••••••
Diher conditions		
(Include pregnancy within 3 me	onths of death)	
Major findings of operations		
***************************************	Date of op.	
Antopsy results		arged statistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (whe	re?)	
Means of Injury	Injured at work	?
23. SIGNATURE R. W. Bacca.	a ing a	M. D. 7.0 5.

death clearly

of

causes

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K. Supply please wri

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FOR BINDING ARGIN RESERVED

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CERTIFICATE OF DEATH

Means of Injury

23. SIGNATURE

Registrar

,		CERTITICA	TE OF BEATTI	Reg. DI
County	Since 12 where death occurred rculosis	Street No. 709 W. Montgo	county Mont Sounty Mont Sounty Mont Sounty AV OMETY AV Ve LOCATION)	
Harry E. C	rown			None
4. Sex 5. Color or ra	ce 6.(a)Single	e, married, widowed, or divorced Single	MEDICAL C	CERTIFICAT
	3/1884 Days	if alive, give ageyea	December o	,46 Ja luary 4
9. Birthplace Montgom 10. Usual occupation No 11. Industry or business 12. Name Henry C 13. Birthplace Montgo 14. Maiden name Anni 15. Birthplace Prince 16. Informant Deceas	rown mery Cou e A. Ste George	nty, Md.	Other conditions	8 months of death)
(Burial, cremation, or removal.) Cemetery or crematory. During the	nstown	(month) (day) (year)	Accident, suicide, or homicide	0 (Coun

Roy W. Barber

Lay tonsville,

State Maryland Con	Montgomer	У
City or town Rockville		
. (If outside city or town limit		earcat town)
Street No. 709 W. Montgor	nery Ave.	
2.(a) If veteran, name war		/
	2 (h) Sacial Samuita	Number
	None	Mamper
MEDICAL C	ERTIFICATION	
20. DATE OF DEATH January 4	19.47	12:40F
December 6	6 to Jan . 4	1947
Immediais cause of death	***************************************	DURATION
Carcinoma of Right	Lung	7 Mos.
		177-1-170
		•••
Uther conditions		***************************************
(Include pregnancy within 3	months of death)	
Major findings of uperations	Maryland Rockville In County Montgomery Rockville Off Outside city or town limits, write RURAL and give nearest town) 709 W. Montgomery Ave. (If rural, give LOCATION) Referan, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION OF DEATH. January 4. 19.47. 21.22:40F TIFY that death occurred on like date above stated; that I attended deceased from Cember 6. 19.46. 10. Jan. 9. 4. 1947. Itast saw him alive on January 4. 1947. Is cause of death of Right Lung 9. DURATION 7. Mos. Cinoma of Right Lung 7. Mos. Cinoma of uperations. Cinciple pregnancy within 3 months of death) Idiugs of uperations. Dale of op. Terralts. ENCE: If death was due to external causes, fill in the following:	
	Rockville (If outside city or town limits, write RURAL and give nearest town) O9 W. Montgomery Ave. (If rural, give LOCATION) In, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION EATH January 4 19.47 all 2:40F that death occurred on line date above stated; that I attended deceased from mber 6 19.46 to Jan 4 1947 aaw him alive on January 4 1947 ase of death DURATION Noma of Right Lung 7 Mos. (Include pregnancy within 3 months of death) of uperations. Dale of op. ts. Please puderline the cause to which death should be charged statistically.	
Autopsy results	hich death should be charged	l statistically.
	6	

Where did Injury occur?(City or town)	(County)	(State)
injured at home, farm, industry, public place (w	here?)	

Address State Sanatorium, Md. Date signed 1/8/47

Injured at work?

WRITE PLAINLY, is especially PLEASE

information carefully of death clearly and

Supply every item of i

INFADING INK. nt. Physicians: pl

important.

18. Funeral director.

19. 1/8/47 (Date rec'd by registrar)

Address

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JAN 7 1947

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			CERTIFICA'	TE OF DEATH	Reg. Dist. No. 3
How long in above place Hospital, institution, or	rick ederick statistic city or town lin of death?street address where d derick C	eath occurre	d:	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland Con Thurmont (If outside city or town limit East Main S Street No. (If rural, give No.) 2.(a) If veteran, name war. No.	mother) Fre derick
3. (a) FULL NAME	Rev.	Wa	sun Dami	ih .	3. (b) Social Security Number None
4. Sex Male	5. Color or race White	6.(a)Sing	single		ERTIFICATION
7. Birth dato of deceased (mo., day, y. 8. AGE: Years 73 9. Birthplace	Months Months P Irmont, I (Town, o	Days 21 Tredel county, and or	If tess than one day hrs. min. rick Co., Md. state)	and that last saw h same alive on	47 10 Jan 19 19 47
14. Malden name 15. Birthplace 16. Informant	Henriet Thurmon Howard R. Thurmont, iak Unite Thurmon	ta Roll to F Dam Md Date the ed Breat,	red'k Co., Md. uth Lee Jan. 23, I947 (month) (day) (year) ethern Md.	(Include pregnancy within 8 Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (w	Date of op
18 Euparal director	M. L. C	reag	er & Son	Means of Injury	Injured at work?

Address.....

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

Address

19. 21 - 10 19. 4 (Date rec'd by registrar)

Thurmont,

Mid .

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JAN 23 1947

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PLEASE WRITE

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MADVIAND	CTATE	DEPARTMENT	OF HEALT
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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

- Dist No 131

I. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Frederick	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 Months	City or term Frederick
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 256 Carroll Parkway	Sireet No. 256 Carroll Parkway
200 Call CII Talaway	(If rural, give LOCATION) NONE
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JAMES CLAY DARNER	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION .
M W M	20. DATE OF DEATH January 7th 19 47 at 2:20P
6.(b) Name of bashes or wife Ada Smith	21. I CERTIFY that death occurred on the date above stated; that trattended deceased from
b. (o) Name of masses of wife.	7/W 3 1846 10 Jaw 7 1847
7. Birth date of Town 5 7000	years and that I last saw h warm alive on and 6) 1947
deceased (mo., day, yr.) June 5, 1860	Immediai sause of death OURATION
8. AGE: Years Months Days If less than one day	Pulmonary edema 1 Tay
86 11 2hrs.	min. My a cardid failure
9. Birthplack Nr. Jefferson-Frederick-Maryla	nd
(Town, county, and state)	11 a. To Brushels 5 Hay
10. Usual occupation Retired Farmer	
	Due to 1700
11. Industry or business	
12. Name Henry Darner	Other conditions
13. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death)
Mary Edmunds	
Frederick County Maryland	Major findings of operations.
14. Malden name. Mary Edmunds 15. Birthplace Frederick County Maryland 16. Informant. Mrs. Noah S. Jenkins	Dale of op.
16. Informant MI'S. NORII 5. JEHKIHS	Autopsy results
Address 56 Carroll Parkway, Frederick, M	
Burial Date thereot 1/10/47	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, ecomation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or seematory Reformed Cemetery	Where did injury occur?
Location Middletown, Maryland	Injured at home, farm, Industry, public place (where?)
M. R. Etchison and Son	Means of Injury Injured at work?
Frederick Menuland	() Land offer
Address Frederick, Maryland	23. SIGNATURE . Sallay Due M. D.
1. 9 Jan 1. 47 Elizabeth y Hack	Toffongon Manyland J. O. 477
(Date rep'd by registrar) Regis	trar Address Jefferson, Maryland Date signed 1-8-47



00526

CERTIFICAT	E OF DEATH Reg. Dist. No. 310
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Caper town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If voteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ellen Dan	S. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wise cell, or divorced	MEDICAL CERTIFICATION
Temale White surge	20. DATE OF DEATH 26 January 1947, ot 9:30P. M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to 26 January 1947.
7. Birth date of S. (c) It alive, give age	and that I last saw harmalive on 26 January 19.47
deceased (mo., day, yr.) Deplement 12-1883	Immediate cause of death
8. AGE: Years Months Days If less than one day 4. 5hrs	Cerebral Temarchage 3 trus
9. Birthplace Sichs ille - The devile - Wangland (Town, county, und state)	Due to Hyperterion 12 yrs.
10. Usual occupation. at there	Due to arterio-seleratie Carlis -
11. Industry or business	unality across
12. Name asses D. Day 13. Birthpiace The Levels Co, Mayland	Other conditions
	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name Dama Spalding 15. Birthplace Reducils Co. Wardland	Date of op.
16. Informant Mr. Rebest J. Day	Autopsy results
Address Udams tom Wangland	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cromotion, or removal. White) (Burial, cromotion, or removal. White)	Accident, suicide, or homicide
Cemelery of crametory MT. Clust Con.	Where did injury occur?(City or town) (County) (State)
Location de devide - Mansland	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. D. Etilrism & Son	Means of Injury Injured at work?
Address Frederik Maryland	23. SIGNATURE Charles & Corrley Jr. M. W.
19. 28 - au 19 ht Clisabette Hegistrar	Address Frelerick, Ind Date signed 28 Jan 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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			-	
Par	Dist	No		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	mod I a le i le
(If outside city or tewn limits, write RURAL and give nearest town)	141 06
How long in above place of death? 30 1120	(If entside city er town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
V	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
myrtle J. Herelviss	
4. Sex 5. Color or race 6.(a)Single, massian, widowed, or diversed	MEDICAL CERTIFICATION
t w single	20. DATE DE DEATH 8 19 47, 01 2 PM
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) Horry 25, 1867	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
79 13arsmin.	From Ferri
P + 1.4.14.10	My fertime Circle Vorces
9. Birthplace (Town, county, and state)	Due to.
tp. Usual occupation / Nouse Reapen	0-11 10 00 0-00 1 00
1t. Industry or business	Due to accidental fall fell out of hids
	- Gusa
12. Name Oseph Werellus 13. Birthotace Fred Co	Dther conditions
	(Include pregnancy within 8 menths of death)
14. Maiden name Currie E. Kolb 8 15. Birthplace Fred . Co.	Major findings of eperations.
₹ t5. Birthplace Tree. Co.	Date of op.
16. Informant Mrs. E. Seachrist	Antopsy results
Address Walkersville	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 11: 0 W.1. 11 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removel, Whichi) (Burial, cremation, or removel, Whichi)	Accident, suicide, or homicide Cacadanta
Comptery or grandous Creagers torion Lutherau	Where did injury occur? Walkersoulles . Inadaniek, manylanda
O. D.	(City or town) (Connty) (State)
Location Magazina	Injured at home, farm, Industry, public place (where?)
18. Funeral director T. C. Barlen	Means of injury fell out of hed injured at work?
Address 1970 lker mille.	() 4 % p ()
AUGIESS COLORESTALL	23. SIGNATURE COM QUY
19 10 Jan 1947 Chalullo y Hede.	M. D. or ether
(Date rec'd by registrar) Registrar	Address // Date signed Tax 7

months of the local base Landball below to

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	Dist.			12	1	1
Cow.	Dist.	No		J., 34	(l	

1. PLACE OF	1. PLACE OF DEATH: County Frederick			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:		
City notown	If ontside city or to	(Rural)	tURAL and give nearest town)	State Maryland county Frederick Myersville (Rural)			
Now long in above n	lace of death?	ifetime		(If outside city or town limi	ts, write RURAL and give ne	arest town)	
Hoapital, Institution	, or street address w	ere death occurre	d:	Street No.		,	
Lion	tevue			(If rural, giv	re LOCATION)		
How long in hospita	al or institution?4	weeks		2.(a) If veteran, name war	le		
3.(a) FULL NA	ME				3. (b) Social Security	Number	
	FRED	DEUSING			None		
4. Sex	5. Color or race	6.(a) Sing	o, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White			20. DATE OF DEATH January 2	5 1947	2:30 P.	
# (h) Mome of hugh	and or wife			21. I CERTIFY that death occurred on the date a	bovo stated; that I attended dec	eased from	
			c) if alive, giva ageyear	J 200 1 /			
7. Birth date of				and that I last saw h./ alive on	2 5	19	
doceased (mo., d	ay, yr.) NOV6	ember 8,	If less than one day	Immediata cause ul desth.	***************************************		
o. Ade.				Cerebial General	ag l	1 hour	
(87 2	17	hrsmin	•			
10. Usual occupati	Labore	P. Fredown, county, and	leričk Co., Md.	Due to			
tt. Industry or bus						**	
12. Name	Don't kn		***************************************	Gther conditions	000000000000000000000000000000000000000		
				(Include pregnancy within	months of death)		
14. Maiden na 15. Birthplace	me Don't	know		Mejor findings of operations	••••••		
	Records a Frederick		ue ad	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.	
	ial		reof Jan. 27, 1917 (month) (day) (year)	22. VIOLENCE: If death was due to external c Accidant, autoide, or homicide			
	matory Mont	evue Cem	etery	Where did injury occur?(City or town			
Location	Frede	rick, Ma	ryland	Injured at home, farm, industry, public place ((where?)		
-0.00	. C. E. C	line & S	on	Meena of Injury	tnjured at work?	1	
Address		ck, Mary		- 22 CIENTIFIE Permane		1241	
19. Onte rec'd b	19 14	13 El	isabithy Heck.	Address Food K. Zuc	M, D. Dato algned	or other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Suldendo	" Mid Children	ich
Chy or town. (If outside city or town limits, write RURAL and give nearest town)	State County County	artisti di il
(If outside city or town limits, write RUKAL and give nearest town)	Cily or town	earest town)
Now long in above place of death?		
/ nospital, institution, of sitest audiess where death observes	Streel No. (If rural, give LOCATION)	*************************
	2.(u) If veteran, name war	
How long in hospital or institution?		N I
3. (a) FULL NAME Clara J. Dersey	3. (b) Social Security	/ Number
4. Sex 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tremale Colored Leigh	20. DATE OF DEATH January 24 19.47	, a 5 X
	21. I CERTIFY that death occurred on the date above stated; that attended dec	eased from
8.(b) Name of husband or wife	may 15 146 10 lan.	24 1946
		1847
7. Birth date of deceased (mo., day, yr.) Mar 20 - 1946		U OURATION
8. AGE: Years Months Days If less than one day	Immediate came of death Mening chic	may 15
10 4 hrs	ain.	1946
9 4 4 1 1 14		
9. Birthpiace New Roy don treduck Mo	Due to	
(Town, county, and atate)		
10. Usual occupation.	Due to	****
11. Industry or business		
= 12 Name Robert Dorsey	Other conditions. My dra Cephalica	11100
12. Name	15112	
	(Include pregnancy within 3 months of death)	
14. Malden name Carried Lotted 15. Birthplace Mg	Major findings of operations	
2 15. Birthglace Md	Oate of op	
Blot Basser Faller	Autopsy results	222000000000000000000000000000000000000
18. Informani	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Address Mix Cury 1770 Mg	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Date thereof San 26. 46	Date of	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, ancies, or nominate	
Cemetery or crematory Dorseys Chaftes Com	* Where did injury occur? (City or town) (County)	(State)
De Naclas Del	Injured at home, farm, industry, public place (where?)	
Location Location	Means of injury Injured at work?	
18. Funeral director & E. Talconia	0 1 10 0	2 1 2 0
Address Meyer Market Mg	Truck . I	pap in
0 1140	23. SIGNATURE M. I.	or other
18 you 25 19 46 Jugan 15, Jaco	Men hacket med	1-26-43
(Date rec'd by registrar) Regist	trar Address	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death death and legible. MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:

How long in above place of death? ..

County..... City or te

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA

E OF DEATH	Reg. Dist. No
2. USUAL RESIDENCE (HOME (For newborn infants give residence)	OF DECEASED: c of mother) Caunty Carrol
mil	mits, write RURAL and give nearest town)
	give LOCATION)
2.(a) If veteran, name war	V
	3. (b) Social Security Number

Mospital, Ingritution, or street address where death occurred:	Street Ho.	
Frederica City Nogras	(If rnral, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
In Oliver Et chison		
4. Sex S. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION	
M white married	2D. DATE OF DEATH Jan. 17 19 47 at 1 A. M	
0 '00+1'	21. I CESUFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Hame of heatens or wife and the financial of the first of the fi	Die 26 1946, 10 Jan 17 19 47	
7. Birth date of	and that I last saw h and alive on alive on 19.47	
deceased (mo., day, yr.)	Immediate cause of death DURATION	
8. AGE: Years Months Days It less than one day		
10 L 20hrsmin.	Monte Corney Showton I day	
9. Birthplace Baltimore	Due to.	
(Jown, connty, and state)		
1D. Usual occupation	Due to Colonischeme:	
11. Industry or business	The Change of th	
12. Name	Dther conditions	
2 13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name Tune Tune 15. Birthplace	Major findings of operations. Now	
\$ 15. Birthplace Met derify	Date of op.	
16. Informant Muse Annie Stohmson	Autopsy results	
Address mit aint and	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Burnel Date thereof Same 19, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremetery	Where did injury occur?	
Location Just Cury	Injured at home, farm, industry, public place (where?)	
18. Funeral director TV. M. Partoler	Means of injury Injured at work?	
NYO. No 11	(1 (1 P m).	
Address W. Change and	23. SIGNATURE M. D. or other	
(Date rec's by registrar) (Date rec's by registrar) (Date rec's by registrar)	Address Frederick Med Bate signed /17/47.	
(Date rec h by registrat)	Auf des	

(If outside city or town limits, write RURAL and give nearest town)

TION 19 4 7 at 7 1 attended deceased from 19 4 7 19 4 7 DURATION Market Company of the com
19 4/ 19 9/ DURATION
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Date of
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VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	. Keg. Dist. 10.
1. PLACE OF DEATH: County Prederick City or Frederick (If outside city or town limits, write RURAL and give nearest town) Wow long in above place of death? 4 months Hospital, institution, or street address where death occurred: 518 Culler Avenue How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State.
3. (a) FULL NAME	3. (b) Social Security Number
NORA VIRGINIA FOGLE	None
4. Sex 5. Color or race 6.(a)Single-married, widowed, or divorced F W	MEDICAL CERTIFICATION January 9, 18 47 , 7:30A
6.(b) Name of husband of the George W. Fogle 6.(c) II alive, give age years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18. 47. 10
7. Birth date of deceased (mo., day, yr.) October 11, 1869	Immedia cause of deuth OURATION
8. AGE: Years Months Days If less than one day	Michael Momach C
9. Birthplace Smithburg-Washington-Maryland (Town, county, und stute) 10. Usual occupation. At Home 11. Industry or business	Due to.
12. Name George Hildebrand 13. Birthplace Washington County Maryland	Other conditions
14. Maiden name Margaret Goodman 15. Birthplace Washington County Maryland 16. Informant Mrs. Philip Lomes	(Include prognuncy within 3 months of death) Major findings of operations
16. Informant Mrs. Philip Lomes	Autopsy results
Addres 518 Culler Ave., Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremetics, or removal, Which?) Cemetery or cremetery Date thereof. 1/11/47 (month) (day) (year) Cemetery or cremetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Near Libertytown, Maryland	Injured al home, farm, industry, public place (where?)
18. Funeral director M. R. Etchison and Son	Means of Injury Injured at work?
Address Frederick, Maryland 1. 9 Jan 1847 Elizabeth J. Hech.	23. SIGNATURE Arward W. Cl. M. D. M. D. or other Address Frederick, Maryland Date signed 1-9-47
(Date rec'd by registrar) Registrar	Address II OddII Ch 2 Mai y Lailu Date signed I

JAN 11-1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

. 00532 Reg. Dist. No. 139 0

CERTIFIC	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick (If outside city or town limits, write RURAL and give nearest town) Streel No. 21 E. Church St. (If rural, give LOCATION) 2.(a) if veteran, name war.
3.(a) FULL NAME Mary A. Freeman	3. (b) Social Security Number None
Female S. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20, DATE DF DEATH January 29 19 47 219:15P N
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) June 6, 1873	and that I last saw h OF alive on January 29 194/
8. AGE: Yeare Months Oays If less than one day 73 7 23 hrs.	Pulmonary Tuberculosis 2 Yrs. 8 mos.
9. 8 rthplace	Oue to
13. Birthplace Montgomery County, Md. 14. Maiden name. Charlotte Wheat 15. Birthplace Baltimore, Md.	al carcinoma 1 Yr. (Include pregnancy within 3 months of death) Major findings of operations. Data of op.
18. Informant	Autopsy results
17. Burial (Burial, cremation, or removal. Which?) Cometery or crematory. St. Johns Cemetery Location	Where did injury occur?
Address Frederick, Maryland 19. Jan. 30 (Date rec'd by registrar) 18. Funeral director M. R. E. Cellison & Son Regis Regis	23. SIGNATURE Ph Bree. Addres State Sanatorium, Md. Date signed 1/30/47

State Mary land Count		
	FIGUELLOR	***************************************
City or town Frederick (If outside city or town limits,	write RURAL and give nea	rest town)
Street No. 21 E. Church	St.	
(If rural, give I	OCATION)	
2.(a) if veteran, name war		
	3. (b) Social Security	Number
	None	
MEDICAL CE	RTIFICATION	
Tonue mir 20	1.77	0.15D
20, DATE DF DEATH January 29		
21. I CERTIFY that death occurred on the date above		
May 23	5to Jan29	194./
and that I last saw h er alive on Janu		
Pulmonary Tubercu	3 - 4 -	OURATION
		2 Yrs,
		8 mos.
Due to		The second secon
Oue to		
77		
Other conditions Probable in	tra-abdomin-	
al carcinoms	onths of death)	1 Yr.
Major findings of operations		
	Dats of op	
Autopsy results	ch death should be charged	statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Accident, euicide, or homicide		
Where did injury occur?(City or town)		

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ly every item of write the causes

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JAN 31 -1947 .

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



00533 Reg. Dist. No. 139....

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Mary land County	
City or town State Sana to rium, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 12/14/46	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	
Hew long in above place of death? D1160 127 149 40 Hospital, Institution, or street address where death occurred:		
Maryland Tuberculosis Sanatorium	Street No. 1112 West 40 th St.	
How long in hospital or institution? Since 12/14/46	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
William F. French	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH January 14 1947 at 10 A M	
6.(b) Name of Name of Name wife Jessie French	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age 49 years	December 14 19 46 to Jan. 14 19 47	
7. Birth date of deceased (mo., day, yr.) November 27, 1890	and that t last saw h im alive on January 14 19 47	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 13 Mos	
56 1 18min.	Lorinoral Tomer out on Town	
9. Birlhplace Bal timore, Mary land (Town, county, and state)	Due to	
th. Usual occupationMechanic:		
	Due to	
11. Industry or business		
	Dither conditions	
3. Birthplace Baltimore, Maryland	(include pregnancy within 3 months of death)	
E 14. Maiden name Rosie Chaffman	Major findings of operations	
15. Birthplace Baltimore, Maryland	Date of op.	
ts. Birthplace Baltimore, Maryland to. Informant Deceased	Autopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statisticatly.	
17. Burial Date thereof Jan. 17, 1947 (Burial cremation or removal Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
Cemetery or crematory at many Cem.	Where did injury occur?	
Location Hampden Beltimore City Md	Injured at home, farm, Industry, public place (where?)	
ts. Funeral director M. L. Creager & Sons	Means of Injury Injured at work?	
Address Thurmont, Mdo	R. W. Beerin	
16. 11 1/2 CM (1100	23. SIGNATURE M. D. op other	
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address State Sanatorium, Md. Bate signed 1/14/47	

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WITH UNFADING INK. Supply every item of information carefuld, important. Physicians: please write the causes of death clearly and	7.
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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town Cit outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, Instilution, or street address where death occurred: How long in hospital or instilution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Ernest W. Yarber	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married Married	2D. DATE OF DEATH
5.(b) Name of husband or wife Sandal	and that I left saw has alive on 19 DURATION
8. AGE: Years Months Days If less than one day 64 10 15 hrs. min. 9. Birthplace (Town, county, and state)	Due to Due to
1D. Usual occupation	Due to.
12. Name Winfield Scott Jarber 13. Birthplace Frederick Co 14. Maiden name Katherine Long 15. Birthplace Frederick Co.	Other conditions
2 15. Birthplace Filderick G. 16. Informant Mrs. Mary a Farber Address Liberty town	Antopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or eremeters. Union Company Comp	Accident, suicide, or homicide
18. Funeral director. Y. C. Barton. Address Walkers milla md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address Address Date signed CA DC





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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Treducing	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Teacher County Teacher
(if outside city or town limits, write RURAL and give nearest town)	7 0 - 1
How long in above place of death? States	(If outside city of town limits, write NONAL and give hearest wan)
Hospital, Institution, or street address where death occurred:	Street No. (Ifraral, give LOCATION)
How tong in hospital or tastitution?	2.(a) If veteran, name war
3. (a) FULL NAME W M L. Silber	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marcial, widowed, or divorced	MEDICAL CERTIFICATION
male white urdown	20. DATE OF DEATH Jan 27 1847, 21 6,20 (1)
8.(b) Name of bushane or wife Xate Killest (Lex.4) 8.(c) If allve, give age	21. I CERTIFY that weath occurred on the date above stated; that I attended discessed from
T. Birth date of	and that I last saw harm alive on 1867
8. AGE: Years Months Days If less than one day Months Months	Immediate cause of death DURATION Classification 3 day 6
9. Birthplace Fredericky Fredericky Med. Relied (Todn. county, and state) mading	Due to
10. Usual occupation of the attention of the British feeting	Due to
12. Name John a. Willet	Dither conditions
14. Maiden name Sarah & Cuchum	(Include pregnancy within 3 months of death) Major findings of sperations.
15. Birthplace	
16. Informant	Antopsy results
Address 17. Berial (Burial, cremation, or removal. Which) (Burial, cremation, or removal. Which)	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or cremetery 24.1. Oliver	Where did injury occur?
Location Frederick Dud	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Here & Cart Co	Means of Injury Injured at work?
Address Fieldelike, md.	BALL Services.
19. 28 Jan 1947 Elizabetts 4 Hech (Date rec'd Apregistrar) Registrar	23. SIGNATURE M. D. or other Addrese Indexick Ind Date signed 28/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JAN 29 1947 BOREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00535 Reg. Dist. No. 139

1. PLACE OF DEATH: County. Frederick City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 4/13/44 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Since 4/13/44	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2707 Sparrows Point Rd. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Philip Gregory	3. (b) Social Security Number 21 8-10-7323
Male S. Color or raco 6.(a)Singlo, married, widowed, or divorced Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 22 19 47 11:45 M
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 13 19.44 to Jan. 22 19.47 and that I last saw h 1m alive on January 22 19.47
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis OURATION 28 Mos.
9. Birthplace	Due to
14. Malden name. Mary ? 15. Birthplaco Turkey 18. Informant. Deceased	(Include pregnancy within 3 months of death) Major fiadings of operations
Address 17. Burial, cremation, or removal, Which?) Cemetery or crematory. Noutton Cometary. Location	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide

JAN 25 1947 BUREATIVE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or fown limits, write RURAL and give nearest town) How/ong in above place of death? Bospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) Siate County County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed for divorced	3.(b) Social Security Number 214-01-1772 MEDICAL CERTIFICATION
Mal While Single B.(i) Name of husband or wife	20. DATE OF DEATH 23 19.47 at 1.32A 21. I CERTIFY that death occurred on the date above stated; that I stended deceased from 19.47 to 2001 2-3 19.47
7. Birth date of deceased (mo., day, yr.) 13, 89 8. AGE: Years Months Days II less than one day	and that I last saw h. Doo. alive on
9. Birthplace Marie (Town, County, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name	Other conditions
16. Informant My Ressell Shank	Major findings of operations
Address 17. (Burial, cremation, or removal. Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address Myerarill	Injured at home, farm/ industry, public place (where?) Means of injury Injured at work?
19. gan. 26 1947 Delgar Botter	23. SIGNATURE M. D. or other Address M. D. or other Pola signed 5-2 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The forest is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING VS A15

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JAN 28 1947

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VS A15,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00537

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick City of the Frederick (If outside city or town limits, write RURAL and give nearest town) who long in above place of death? Hospital, institution, or street address where death occurred: Crutchley Nursing Home How long in hospital or institution? Since December 27, 1946		Frederick-F (If outside city or town II Street No. Near Feagav	o of mother) Frederick Couoty Frederick Ural R. F. D imits, write RURAL and give n	. #4			
3. (a) FULI	NAME			HARGETT		3. (b) Social Securit None	y Number
4. Sex	5	. Color or race	6.(a)Single	married, widowed, or differed	MEDICAL	CERTIFICATION	
F		W		W	2D. DATE OF DEATH Janua	ry 30, 1947	111:30A
5.(b) Name of 7. Birth date of deceased (n	t		8. (c	Hargett) It alive, give age	and that I last saw h.C.Talivo on	January 30th	1947
8. AGE:	Years	Months	Days	If less than one day	Virus pneumonis		DURATION 7 days
	91	3	16	hrs.			
10. Usual occ	r business	At Hor	Gessle:	r	Due to	of humerus ar	nd dislo-
13. Birthplace Frederick County Maryland 14. Maiden name. Mary Howard 15. Birthplace Frederick County Maryland 16. Informant. Mrs. Leroy C. Horine		her home on Octob	per 4th, 1946	teps in			
15. Birthg	place Fr	ederic	c Coun	ty Maryland		Date ot op	
16. Informant	Mrs	. Lero	7 C. H	orine	Actopay results	to which doubt should be charge	od atatistically
Address R. F. D. #4, Frederick, Md. Burial 2/1/47 (Burial, cremation, or removal, Which:) Cemetery or crematory Mount Olivet Cemetery Frederick, Maryland		22. VIOLENCE: It death was due to externa Accident, suicide, or homicide	al causes, till in the tollowing; Date of Wan) (County)	10108/37			
Location		Frede	cick,	Maryland	Injured at home, farm, industry, public place		
1B. Funeral d	irector	M. R.	Etchi	son and Son	Means of injury	tnjured at work?	
Address			- 0	Maryland	23. SIGNATURE	Cereley:	M. D.
19.31- Jan 19.47 Elizabeth & Hack.			jaleth I Heck	С. н.	Conley M. I	1-31-47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Theseur	State Maryland County Frederick.
(If outside city or town limits, write RURAL and give nearest town)	10 . 0 K
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. France Health & Burkelle
Stredensk City Appelal	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Shirley and Have	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Generale white Single.	20. DATE DE DEATH Daware 1947, 21/2:12A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19
7. Birth date of 21. Sirth date of 10.04	and that I last saw half affect on according 19 4
deceased (mo., day, yr.) Much 28 - 1975	Immediais cause of death DURATION
8. AGE: Years Months Days If less than one day	multiple third degree turns of
/ 9 3hrsmln.	Face arus lego - tarco 0 8 this.
1/insinia	Apue to
9. Birthplace (Town, county, and state)	
1D. Usual occupation.	Back
11. Industry or business	Due to
7 7 7	
II 12. Name	Dther conditions
13. Birthplace Manyland.	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Shuemaker 15. Birthplace Lirquina	Major findings of operations.
15. Birtholace Wisymia	Date of op.
La La las Hanes	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address HWXnlly //W	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Junial Date thereof Mars. 4, 1941	Accident, suicide, or homicide. Canada Apare of 31 Date
(Burial, cremation, or removal. Which:) (month) (day) (year)	Where did Injury occur? Knowwille Fredleiche Ind
Cemetery or - Cremetery Authority	(City or town) (County) (State)
Location Location blo Ca-	Injured at home, farm, Industry, public place (where?)
18. Funeral director 6. A. Fute 6 Bes	Msans of Injury House Cought on fure Injured at work?
Address Brunswick Md.	00. a. O. 2 (On 100) MS
CO. Das la La	23. SIGNATURE MA. D. or other
19. 1- You 19. HT Chabille J. Tilch.	Address Filderick, Jup late signed Jon 47.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00539

CERTIFICATE OF DEATH

Dist No. 145-

1. PLACE OF DEATH: 2 Ag ()	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	10. State Marylandounty Trederick
City or town(If outside city or town limits, write RURAY and give nearest to	
How long in above place of dealh?	City or town
Mospital, institution, or street address where death occurred:	Street No. 5 Tailes Oth Myland
How long in hospitat or institution?	2.(a) If veteran, name war. World Was
3. (a) FULL NAME	3. (b) Social Security Number
Homes	Alauer -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male White Single	20. DATE DE DEATH TELL 30 19# 7 at 11:30 P.
8.(b) Name of husband or wife	21 I CESTIFY that death secured on the date above stated that Cattended deceased from
	Jan 28 1047 10 Jan 30 192
7. Birth date of 2 1097	and that I last say & Armalive on Slitter 1947
8. AGE: Years Months Days It less than one day	Immediate cause of death
50 1	min. Carl de Marsante a 3 das
	M d Due to
8. Birthpiece Tron county, and state)	I.P.L. Que to
10. Usual occupation.	Due to.
11. Industry or business Jarm Laborer	
12. Name A lenny C. The august 13. Birthplace Many Cond	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name S. Madel To Manager 15. Birthplace Transferred and	
15. Birthplace marel and	Major fiadings of operations. Date of op.
16. Interment Mrs gruss, Hay	
R#/ Start The hours my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 14012	1949 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Mt. Dethel	Where did injury occur? (City or town) (Connty) (State)
Location Mr. Wolfaville Ired. Co.	Injured at home, farm, industry, public place (where?)
18. Funeral director Tarel 7. Biz	Maans of injury !njured at work?
no	7 11 1 20010
21 1- 20 2 8:	23. SIGNATURE M. D. or other
19. Let / 19 47 How Duttle	Registrar Address Middlefm Bate signed 1-31-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

005403

CERTII	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cit or town. (If outside city or town limits, write RURAL and give nearest t	state MC County Frederick
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street Milos S. Market It
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Nicholas	Juleph 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male. white Single	2 20. DATE OF DEATH. January 1947 191725
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h alive on 1944
deceased (mo., day, yr.) 1890	Immediate age of death DURATION
8. AGE: Years Months Days If less than one day	Chevier Myzandeliz
56hrs.	min. Olemin Deplutti
9. Birthplace (Town, county, and state)	Due to Dielle Trallation
10. Usual occupation	
11. Industry or business Merchant	Oue to
12. Name Jareph Jareph 13. Birthplace Durin	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name A eliered	
14. Malden name Believed 15. Birthplace Ryssis	Major findings of operations.
Mathan Hallan	Date of op.
18. Informant	Aatopsy results
Address by Si Merrier S	22. VIOLENCE: If death was due fo external causes, fill in the following:
(Burnel, cremetion, or samovel, Whiteh)	Accident, suicide, or homicide
A. A Christian	(year)
Cemetery or seemeters	Where did injury occur? (City or town) (County) (State)
Location gardedour Ballo	Injured at home, farm, industry, public place (where?)
18. Funeral director Sol Levrence	Mesas of injury Injured at work?
10^{-1}	6 mol 3, SIGNATURE ADWARD W. all M.
4 4 at 10:13 Elin 120 1-8"	M. Drorother
(Date rec(d)by registrar)	Registrar Address Tuedluch Dale signed

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JAN 8 1947

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23. SIGNATURE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Date signed det.

information carefully. The conformation carefully. C. Supply every item of please write the causes RESERVED FOR BINDING ADING INK. Physicians: p important. LAINLY, especially

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1. PLACE OF DEATH:
County + rederick
City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 42
Hospital., Institution, or street address where death occurred:
Linel Banketts rule
How long to hospital or Institution?
3. (a) FULL NAME
Colynouse Horman, Karw
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced
male white manied
Sand Poland
6.(b) Name of hueband or wife. Swam www
6.(c) tf alive, give age 36 yeare
7. Birth date of
deceased (mo., day, yr.)
8. AGE: Years Months Days If less than one day
42hrsmln.
9. Birthplace
11. Industry or business
12. Name Harry Marw
12. Name Harry Marsh 13. Birthplace Maryland
[6] 2M = 0'
El 15. Birthplace Maryand
16. Informant Mary Harry Narry
Address Buskett ville Mide
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)
Cemetery or crematory Locust Valley
Location Bural Burketts ville
18. Funeral director
Address Brunsmick Md.
19 Jan 25 19 47 Katheyn N. Brown
(Date rec'd by registrar)

Street No. Mountain for	ad	own,
(If rural, give I	***************************************	
2.(a) If veteran, name war		
	3. (b) Social Security Numb	ber
MEDICAL CE	RTIFICATION .	1:00 () F. M
1. I CERTIFY that death occurred on the date above	0	
Jeuly 19	, to	19
and that I last saw h		19
mmediais cause of death.	e, Read In	Staut.
ue 10		******************
lue to		

ther conditions	***************************************	
(Include pregnancy within 3 m	onths of death)	
fajor findings of operations		
	Date of op	
Autopsy results	ich death sbould be charged statist	ically.
22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
accident, suicide, or homicide.	e Date of 21 Da	47
Where did Injury occur? W. Burlista. (City or town)	(County) (Sta	nd.
njured at home, farm, Industry, public place (who	ere?) Houl	
Meane of Injury Shatau	Injured at work?	
23. SIGNATURE Charles 14	(Couley De-	m-10.
Alp. mid. Exa	well Mr. D. or oth	er

June 25 1844

Sat I.P.U.



2411 N. Charles St., Baltimore

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00542

CERTIFICATE OF DEATH

Reg Dist No 131

	Reg. Dist. No
1. PLACE OF DEATH: County Trederich	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or team. (If outside city or town limits, write RURAL and give nearest town)	State County Tredities
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LQCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorces	V
5. Sex S. Color of 1212 B. (S) sangrey married, wildowed, of differences	MEDICAL CERTIFICATION
wildowed .	20. DATE DF DEATH 29 19 47 21 604 2 P
6,(b) Name of musbons or wife and	21. I CERTIFY that death occurred on the date above slated: that I attended deceased from
7. Birth date of	and that I last saw harman live on 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) Uct. 19, 1861	Immediais cause of death
8. AGE: Years Months Days It less than one day	Leg for towns Condia Octable
85 4 10min.	I have been a second
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation taken laborer	Due to.
11. Industry or business	
12. Name Solomon Reserved	Other conditions of the both t
	(Include pregnancy within 3 months of death)
14. Malden name. Mary Jane Reard 15. Birthplace Lalenick Co.	Major findings of operations
al of Kanan	Date of op.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Walkersvelle 4 1 1941	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or romayal, Which;) Date thereot (month) (day) (yeur)	Accident, suicide, or homicide
Cemetery or oversetory Otocky Italy	Where did injury occur?
Location W. Wootlsberg	Injured al home, farm, Industry, public place (where?)
18. Funeral director. 9. C. Barton	Means of injury tnjured at work?
Address Walkersville	as accounting to the day
1931 Jan 1947 Elisabeth & Heck.	23. SIGNATURE M. D. or other
(Date red'd by registrar) Registrar	Address Date signed Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

00543

CERTIFICATE OF DEATH

W.

Reg. Diet. No. ... 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State Sana torium Maryland	Stale Maryland county Prince Geo	rge
City or town State Sana tori um, Mary land (If outside city or town limits, write RURAL and give nearest town)	City or town. Riverdale (If outside city or town limits, write RURAL and give neare	
How long in above place of death? Since 9/26/1.6 Hospital, Institution, or street address where death occurred:		
Maryland Tuberculosis Sanatorium	Street No. 5.319 Taylor Road (If rural, give LOCATION)	<u> </u>
How long in hospital or institution? Since 9/26/46	2.(a) If veteran, name war.	V
3. (a) FULL NAME	3. (b) Social Security No	mber
Helen L. Kendall	577-32-5699	5
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH. January 20 18.47 2	10:50A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease September 26 18.46 to Jan 20	d from
7. Birth date of deceased (mo. day, yr.) Oct. 1, 1927	and that I last saw halive on	
8. AGE: Years Months Days It less than one day	Immedicie cause of deeth	DURATION 14 Mos.
19 3 19hrsmin.	Pulmonary Tuberculosis	14 2000
	The state of the s	
9. Birlhplace. Washing ton, D. C. (Town, county, end state)	Tuberculous Laryngitis	14 Mos.
10. Usual occupation Telephone Operator	Due to.	***************************************
11. Industry or business		
12. Name George N. Kendall	Dither conditions	
13. Birthplace Montgomery County, Md.	(include pregnency within 8 months of deeth)	
14. Malden name Lillie M. Reeves 15. Birthplace Washington, D. C.	Major findings of operations.	
15. Birthplace Washington, D. C.	Major nadings of operations	
16 Interment Mrs. Lillie M. Kendall (Mother	Antonsy yeshits	
Address 5319 Taylor Rd., Riverdale, Md.	PHYSICIAN: Please underline the caose to which death should be charged at	tistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Removal (Burial, cremation, or removal, Which?) Cemetery or gematory. Euerge on Communication (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Every leave Com.	Whera did injury occur?	State)
Location Bladens Aug Mid	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Francis Pasch	Means of Injury Injured at work?	
Address La Oto Blog. Hegatlyres, Md.	Dl. Kan.	
0-113	23. SIGNATURE 77. 49. Malles M. D. &	MhXr
19 Date rec'd by registrar) Registrar	Address State Sanatorium, Md. Bate signed 1	/20/47

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19. Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

00544

Frederick, Maryland Date signed 1-28-47

CERTIFICAT	TE OF DEATH Reg. Diat. No. 131
I. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or issue Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. 113 East Church Street (If rural, give LOCATION) None 2.(a) If veteran, name war.
B. (a) FULL NAME	3. (b) Social Security Number
CLARA VIRGINIA KEPLER	None
Sex 5. Color or race 8.(a) Single, married, widowed, ordivorced	MEDICAL CERTIFICATION
F W W	20, DATE OF DEATH January 26th 1947 21 5 P
S.(b) Name of husband or Luther Kepler 6.(c) If alive, give age years 1. Birth date of deceased (mo., day, yr.) November 30, 1858	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947. to 1947. and that I last saw he alive on DURATION DURATION
8. AGE: Years Months Days If less than one day 16 16	Immediais cause of doath DURATION
B. Birthplace Nr. Middletown-Frederick-Maryla: (Town, county, and state) At Home 11. Industry or business	Due to.
12. Name Josiah Doub 13. Birthplace Frederick County Maryland	Other conditions
14. Malden name. Mary Routzahn 15. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Homer D. Kepler Address Frederick, Maryland	Antopsy results
Burial Date thereof 1/28/47 (Burial, cremeter, or remevel, Which!) Cemetery or exemptor, Lutheran Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
M. R. Etchison and Son	Injured at home, farm, industry, public place (where?) Maans of injury Injured at work?
16. Funeral director Frederick, Maryland	A And N. D.



PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00545

CERTIFICATE OF DEATH

Reg. Diat. No. 13.2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A.T. e.d. e.Y. 1.2.1	State Md County Fredex 1915
(If outside city or town limits, write RURAL and give nearest town)	11116
How long in above place of death? 6.0 yrs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where leath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Lizzie Keplen	no
4. Sex Color or race 6.(a) Single, married, widowel, or divorced	MEDICAL CERTIFICATION
Temple white Mirried	20. DATE OF DEATH 12 24 24 4 19 47 at 81 3 0 Pm
6.(b) Name of husband or wife William de Keplen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age	1847 10 31 1947
T. Birth date of	and that I last saw h last alive on and 1/3 1 18 41.7
deceased (mo., day, yr.) December 25, 1873	Immediate cause of death
o. Auc.	V
7.3 / 6	
9. Birthplace Middle face a Frederick 6., Md.	Due to belia forming 10 day
10. Usual occupation May same star	
	Oue to
11, Industry or business	
12. Name Lawson H. Summers 13. Birthplace Rciddle Loo- Nid.	Other conditions
13. Birthplace Maddle too-, Md.	(Include pregnancy within 3 months of death)
14. Maiden name Maxy Flow Harp 15. Birthplace Middle Low, Mid.	Major findings of operations.
\$ 15. Birthplace Widdle bocom, Md.	Date of op.
16. Informant William A. Keplex	Autopsy results.
Address Middle Low we Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemelery or crematory buther and lametery	Where did injury occur? (City or town) (County) (State)
Location Middle Lown, Mid.	Injured at home, Tarm, Industry, public place (where?)
01 11211	Msans of Injury Injured at work?
18. Funeral director	1211120
Address Middleboon 1100	23. SIGNATURE & E TOUR PM
19. Feh 3 19.47 more flashill	M, D, or other
(Date rec'd by registrar) Registrar	Address Date signed 2 - 4

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CERTIFICATE OF DEATH

/			CLICATION	TE OF BEHALL	Reg. Dist. No	
1. PLACE OF DEA Free County Free City or town (11 ou How long in above place of Hospital, Institution, or state of the county in	derick Lewistow uside city or town lip of death?		URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r Maryland Cour Lewistown City or town Life outside city or town limits Street No. (If rural, give 2.(a) If veteran, name war.	mother) Frederick Trederick write RURAL and give nea	
3. (a) FULL NAME					3. (b) Social Security	Number
J. (6) 1 OLL MANA	00	iella	Elizabeth Key	ser.	None.	
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female			idowed.	20. DATE OF DEATH 14 January	19. 4.7	1 2:30 A
6.(b) Name of husband of			F. Keyser	21. I CERTIFY that death occurred on the date abo 31 Documber 19.	ve stated; that I atlended decen	ned from
deceased (mo., day, yr		7,		Immediate cause of death		DURATION
8. AGE: Years 76	Menths 6	Days I4	If leas than one day	Rulmonnay Embolis	<u> </u>	8 HOURS
9. Birthpiace Be 1 1D. Usual occupation 11. industry or business 21. Name	Retire House Willian Freder	ed ewife m H. S ick Co	Stull	Due to PHLE BO THROMBOSI FEMORAL L SAPHENOI Due to CEROBROVASULA ZHEMIPLECIA LEFT S Other conditions ARTERIO SCIERO (Include pregnancy within 8 r	A ACCIDENT IDE BODY TIC	10 DAYS
14. Maiden name	Rhueya: Freder	nn Stu ick Co	111.	Major findings of operations	•••••	
16, Informant	Mrs Sta Lewisto	ley S	tull.	Antopsy results	hich death should be charged	
17. Bur (Burial, cremation, Cemetery or cremato	or removal. Which? Char	lesvi.	Jan. I6, I94 (month) (day) (year) Lle Cemetery.	Where did injury occur?(City or town)	(County)	(State)
Location	Charle		1000 ++ + + + + + + + + + + + + + + + +	tnjured at home, farm, Industry, public place (w		000000000000000000000000000000000000000
18. Funaral director	M. L.	Crea	ger & Son	Meana of Injury	Injured at work?	
Address	Thurm	ont,	Ma.	23. SIGNATURE DAMES	tones & 1	40
19. an. 16	19.4.7	Bl	cuales S. Eyker	la la AV	M. D. Date signed.	14 Jan 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

		DOKAD,	
34	_	Diat. No. 14-11	
-	Reg.	Diat. No 2	d

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City of town	State Maryland County Trederick
(If outside eity or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 40 43	City or town
Hospiial, Institution, or street address where death occurred:	Street No. 212 A ST
212 A ST.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME George T.	OWILER 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manier	20. DATE OF DEATH 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8.(b) Name of husband or wife Hazel Complex	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive, give age 42 years	Velle 19. 19. 19.
7. Birth date of	and that I last saw h alive on 18
deceased (mo., dey, yr.) June 25 18	Immediais cause of death
8. AGE: Years Months Days If less than one day 4 4 6 26	Caronary Thronderes 20 min.
9. Birthplace Many (Town, county, and atate)	Oue fo
10. Usual occupation Brook Ball Can Maple Color	Oue fo
11. Industry or business Transfortation	Jue 19.
12. Name Asthasa R. Maddeller	Other conditions
13. Birthplace West Ungines	(Include pregnancy within 3 months of death)
14. Maiden name anna M. Bly	
14. Maiden name MMA M. Sky 15. Birtholace Pas	Major findings of operations
Oland Olax I.il	
16. Informant Nagle Burnel	Autopsy results
Address 2 120 1 St. Drunswich	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Park Heights	Where did Injury occur? (City or town) (County) (State)
Location Brunswick md	Injured at home, farm, Industry, public place (where?)
18. Funeral director for H. Fretz V Ber	Means of injury Injured af work?
Address Brunswick Md	Clearles & Corles m. 19
0 10 - 10 JAB	23. SIGNATURE Company M.D. or other
19 (Date rec'd by registrar) 19 4 Albry 1, Lefton	Address that Rick Maryland Date signed 22, 247

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2411 N. Charles St., Baltimore

DURATION

CERTIFICA	TE OF DEATH Reg. Dist. No	131
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death octorred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State	
Kattie D. Ke	ich 3. (b) Social Security	
5. Color or sace 6.(a) Single married, widowed, or directed	MEDICAL CERTIFICATION 20. DATE OF DEATH January 11th 19.47	<u>,11:</u>
b) Name of husband or the face of E- 1 Circle	21. I CERTIFY that death occurred on the date above stated: that I attended do: Jenuary 4th	mg 49
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Months Days If less than one day 10. Mrs. Miles	and that I last sew h	
9. Birthplace	Due to Cardiovascular disease Due to	per of
12. Name Same Striffith 13. Birthplaco Ballmon Bo Md	Dither conditions	
14. Malden name Kallania Sachrist 15. Birthplace Ballung Co. Md	Major findings of operations. Date of op	
18. informant Mans Frank and Coll	Actopsy results	d statistically.
Address 17. Burial, commission, or removal. Which? Cemetery or cramatory. (Burial, commission, or removal. Which?) Cemetery or cramatory.	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
Location Feederif My 18. Funeral director Navy E- Coarty Car	injured at home, farm, industry, public place (where?)	
19. 13. 19. 19. 11. Elizabett, Hech. Registr	in Inaderial Harmstand	d]/]

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Diat. No. 1310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Frederick Frederick-Rural	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	Frederick-Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Edgewood		
Emergency Hospital	(If rurai, give LOCATION)		
How long in hospital or institution? Since January 27, 1947	2.(a) It veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
LILLIE MAY KLINE	None		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W M	20. DATE OF DEATH January 31st, 1947 , 1 4:10P		
6.(6) Name of husband or mise Martin L. Kline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Black dots of years	3 an. 25 19.47, 10 Jan. 3/ 19.47		
7. Birth date of deceased (mo., day, yr.) April 11, 1890	and that I last saw h.Cr alive on Jan. 31		
	Immediate cause of daath		
o. Adu.	Carcinoma stomach 6 month		
56 8 20hrsmin.	Generalized carcinomatosis-		
9. Birthplace Frederick County Maryland (Town, county, and state)	Due to Perito acum; Liver; Abdominal		
	hodes		
10. Usual occupation At Home	Oue to		
11. Industry or business			
Enos L. Mayne 12. Name Enos L. Mayne 13. Birtholace Frederick County Maryland	Other conditions		
質 14. Malden name Susan Shankle	(Include pregnancy within 3 months of death)		
14. Malden name Susan Shankle 15. Birthplace Frederick County Maryland	Major findings of operations		
To the state of th			
16. Informant Martin L. Kline	Actors results		
Address R. F. D. #3, Frederick, Md.			
17. Burial Oate thereot 2/3/47 (Burial, cremation, or removel, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial Oate thereot 2/3/47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or semetery Rocky Springs Cemetery	Where did Injury occur?		
Location Near Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Meens of Injury Injured at work?		
Unadamial: Manadami	Cernand House O 11 To		
20.0	23. SIGNATURE Bernard Humas J. M. D.		
19. 3. Holling 19.4. Challette Hech-	Address Frederick, Maryland Date signed 2-1-47		
I LIGHT LEVE OF A CRISTIAN I	NAME AND ADDRESS OF THE PARTY O		



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Evidence for the change	MARYLAND STATE DEPARTMENT OF H	EALTH
age isshown on	2411 N. Charles St., Baltimore	181
G 198 1/31/47	CERTIFICATE OF DEATH	H

	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Marriand County Tredenile	
(If outside city or town limits, write RURAL NEAR and give town)		
Street address, hospital, or institution:	(If outside city or town limits write RURAL NEAR and give tow	(0 /n) •
Stay in hospital or inst. (yrs., or mos., or days)	Street No. 114 West Volomon Shu	
Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)	
3. (a) FULL NAME	3. (b) Social Security Nur	
mrs Catherine Landes	J. (b) Social Security Wal	шосі
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
I while married	20. DATE DE DEATH 2 7 January 1947	eV/1:234
8 (b) Name of husband or wife Charles W. Lands	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
6(e) If alive, give age _ # _ 3years	Weller 19 10	_19
7. Birth date of	and that I last saw h alive on 27	19. 47.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death 2 - + 3	DUBATION
· 34 · 1/3/ 9 9 (degree aury auer	5 hrs.
2.5100	Interested today	
9. Birthplace 1 Tunt (Town, county, and state)	Due to	
10. Usual occupation————————————————————————————————————		
11. industry or business	Due to	
12. Name Welliam Franklin aden 13. Birthplace Indone Co - Virginia	Other conditions	
2 13. Birthplace Indown Co - Virginia		
14. Maiden name Berthan Many Harry mand	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
15. Birthplace P. Market Warded - Na d.	Of operations	Please underline
16. Informant Charles W. Landis	de	he cause to which eath should be
1.1.01- 110	Df autopsy	harged statisti- ally,
Address 214 W. Vilona St. Brunsmile. M	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cramation, or removal Whiteh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide accident Date of 27	Qu. 47
Cemetery or cramatery It Varile Sulling	Where did Injury occur? Brunswick Fred. O	no
Location Portick Rocks marrhand.	(City or town) (County) (S	State)
10400 X 1 60 120	Means of injury Kleasene Fire Injured et work? Se	^
18. Funeral director	10 18	. 0
Address Secretary 2016 1810	- 23. SIGNATURE Charles 14 Correley	1 Meax
19. 27 - Jan 19 47 Elsabeth & Hoch	My. med. Crawner A. D. of of	thec
(Date rec'lily registrar) Registrar	Address - Alders Signed Ly	121/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No. 141

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Judence	(For newborn infants give residence of mother)
City or town	State County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
410 99 all	Street No. (If rural, give LOCATION)
How long In hospitat or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry Lie Leurs	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 16 January 1847, 21 1145 A.
6.(b) Name of husband or wife Educa & Thompson	21. I CERTIFY that death occurred on the date above slated: that I attended deceased from
s (e) It allow give age 58 ve	10 Jace. 1347, 10 /6 Jack #7
7. Birth date of	and that I last saw h. Ull alive on
deceased (mo., day, yr.) State Months Bays It less than one day	Immediais cyage of death OURATION
6. AU.	Cardesa factival.
37 / V hrs	- I make the second of the sec
9. Birthplace Ougustic	Due to Var deffer lu haled. Cal Cue reeg 6 rel
(Town, county, and state)	Cercle breste wides.
10. Usual occupation of Williams	Due to.
11. Industry or business Transportation	
# 12. Name Lodinard Low Lenne	Other conditions
12. Name Leave Leave Leave	
	(Include pregnancy within 3 months of death)
14. Malden name Sasak & Bupalinek	Major findings of operations. All alyte -
E 15. Birthplace Magazia	Date of op.
16. Informant Colour Q. Leuseb	Aotopsy results
Address Bransmik My	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to esternal causes, fill in the following:
(Burial, eremation, or removal. Whieh?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and Helyton	Where did injury occur?
Vanner in Mad	Injured at home, tarm, industry, public place (where?)
Location Daniel Control Contro	
18. Funeral director C. St. feeth 1 1320	Means of Injury Injurge 21 Work?
Address Brunswick Md	1 1 0 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1 1 -1 -1 -1 Be	23. SIGNATURE M. D. or other
19 Jan 18 18 47 Malhyn N. Bron	m 2 als Day
(Date ree'd by registrar) (Oct Registr	rar Novess Date signed

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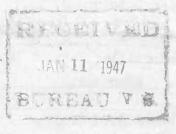
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
			***************************************	state Maryland Coun		
City or town	rederi.ck	nits, write H	URAL and give nearest town)			
How long in above pla	ce of death? 20	years	***************************************	City or team (If outside city or town limits,		
	or street address where			Street No. 3 East Sixth St	reet	*****
				(If rural, give LOCATION) 2.(a) If veteran, name war		
		•••••		2.(d) If veteran, name warAHWAM		
3. (a) FULL NAI					3. (b) Social Security	
	CHARLES CL				220-10-559	20
4. Sex	5. Cotor or race	B.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Mar	ried	20. DATE OF DEATH January 7th	n 1947	. 11:30AA
6.(b) Name of Nusber	***************************************	6.(aifleigh Lindsay c) If allve, give age	21. I CERTIFY that death occurred on the date abov	37 to Jan 7	th 19.4%
deceased (mo., da)	(yr.) October	30, 1	877	Immediate cause of death		DURATION
0. 1104.	ars Months	Days	tf less than one day	Terminal Pneumoni	.a	3 days
6	9 2	8	hrsmln.			
9. Birthplace	Blacksm		1 Co., Md.	Chr. Emphysema &		erosis
E 12 Name T	nomas Otha	Lindsa	y	Other conditions	***************************************	*******************
12. Name Thomas Otha Lindsay 13. Birthplace Unionville, Maryland						
				(Include pregnancy within 8 m		
E 14. Malden nam	18	5110.UL	16	Major findings of operations		
14. Malden name Laura Cashour 15. Birthptace Frederick Co., Maryland 18. Informant Mrs. Charles Lindsay			Maryland			
18. Informant	Mrs. Charle	s Lind	say	Autopsy results	ich death should he charged	statistically.
Address Frederick, Maryland			nd	22. VIOLENCE: If death was due to external cause		
Burial Date thereof January 9, 191 (Burlal, cremation, or removal, Whitchi)			eof January 9, 19 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or e-cemetery Fairmont Cemeter y			tery	Where did injury occur?(City or town)	(County)	(State)
Location	Libertyt	own, M	aryland	Injured at home, farm, Industry, public place (wh	ere?)	
			on	Means of Injury	Injured at work?	
Address	Frederick			1	1 autos	
20		01		23. SIGNATURE	M. D.	or other
19. (Date rold by	registrar) 19.47		nalette y teck	Address Frederick. Md.	Date signed	Jan. 9/4



1-35

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick City or the Frederick	Stale Maryland County Gudent
(If outside city or town limits, write RURAL and give nearest town)	Barrensih
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 48 East D
treduid City Hopelar	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thelma U. Merrinian	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temal white married	2D. DATE OF DEATH. \$430.
8.(b) Name of husband or wife Lane 6. Messinger	21. I CERTIFY that death occurred on the date above stated: that Lettended deceased from
	19. 4 15, 10. Jan S 19. 4 17
7. Birth date of	and that I last saw h. Le alive on
deceased (mo., day, yr.) / 14 1905	Immediate cause of death
8. AGE: Years Months Days If less than one day	
41 6 24hrsmin.	Viluoros Tubolismo la fin
11/2 + 1/200	
9. Birihplace (Town county, and state)	Due to
10. Usual occupation Atmassacte	
	Due to
11. Industry or business	
12. Name Lo Larence Perha	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Wilesama Micenania 15. Birthplace West Varquia	Major findings of operations Tubraid Weres
E 15. Birthplace West Vugues	bagg to other Date of op. Jun 3 - 4 7
16. Interment Leave E. Therringer	Autopsy results.
11 . 1 500 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Inmount /// 1 - 12 - 47	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Buttal Date thereof (month) (day) (year)	Accident, suicide, or homicide
Park blevelte	
Cemetery or exemetory:	Where did injury occur?
Location Drunswick //ww	Injured at home, farm, Industry, public place (where?)
18. Funeral director 6. H. Feetla + 1338	Means of Injury Injured at work?
Address B remoined Mds	as DIMATURE & St Thomas
19. 9 Jan 1947 Elizabett & Heck	23. SIGNATURE M. D. or other
(Date we'd by registrar)	Address Penel Park Park Signed Min 5-7

VS A15

PLEASE WRITE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN II 1947 'BUREAU VE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00554 Reg. Diat. No...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Trederic	(For newborn infante give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mid- County Frederick
How long in above place of death? 4 120 1145	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Clara V. Miller	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white widowed	20. DATE OF DEATH Jamany 23 19 16 7 at 6 23
6.(b) Name of husband or Lewis Miller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mrs 15 - 19.46 10 Jan 23 19.47
7. Birth date of	and that I last saw h. La. alive on Landaus 2 2 19 M.
deceased (mo., day, yr.) 10 V. 20 V. 50 A. 8. AGE: Years Months Days If less than one day	Immediate cases of death OURATION
8. AGE: Years Months Days If less than one day 9. 3 2 0	Cerbral hemosshage / week
a Rithologo Piladle town Frederick G. Md.	Due to
(Town, county, and state)	
10. Usual occupation House with	Due to
11. Industry or business	
H 12. Name George Beer	Other conditions
\$ 13. Birthplace Middletow ~, Ped	
14. Maiden name Mary Routzal	(Include pregnancy within 8 months of death)
	Major fiadiegs of operatious
16. Informant 2012 Gever	Autopsy results.
Address Middletown, Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Barial Date thereof 1-25-1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlul, cromation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory Lutter the Level Complete	Where dld injury occur?
location Middle Lowing Mid.	tnjured at home, farm, industry, public place (where?)
18. Funeral director. Cladical Con-	Means of Injury Injured at work?
04 1 4 1 1 1 1 1	2 1/ / 2 2
Address 18 1 d I la Lown, 12 d	23. SIGNATURE Served flower & M.D.
19. Jan X 19. 4. 7. Elizabeth 9. Hech. (Bate rec'd by registrar) Registrar	Address Fred' L. Mrd Date spred In . 23,4

of strabust rest of Energency Hoopelul 4311.11 V.31=19 Temale white water James Hard Same REOFTARD JAN 30 1942 1 BUREAU V 6 1-35 A 1 P

WRITE PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Other Town Frederick-Rural R. F. D. #2 (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Frederick		
How jong in above place of death?	Frederick - Rural R. F. D. #2 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or streel address where death occurred: Near Frederick	Street No. (If rurs), give LOCATION)		
How long in hospital or Institution? None	2.(a) if veteran, name war World War II		
3. (a) FULL NAME	3. (b) Social Security Number		
MARTIN GRAYSON MISS	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W S	20. DATE DE DEATH 25 January 19.47 21/2:22-A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
7. Birth date of deceased (mo., day, yr.) June 20, 1926	and that I last saw h from tallie on 23 January 18.47		
8. AGE: Years Months Days If less than one day	Ignmediate cause of daath		
20 7 5hrsmin.	Bilattial Comagned gracture Justant		
9. Birlhplace R. F. D. #4-Frederick, Maryland (Town, county, and state)	Due to Vilial + filulal		
Lehorer			
	Due to		
11. Industry or business 12 Name Martin G. Miss			
12. Name Martin G. Miss 3. Birthplace Frederick County Maryland	Other conditions		
	(Include pregnancy within 3 months of death)		
는 14. Malecii ilamo	Major findings of operations.		
	Date of op.		
16. Informant Martin G. Miss	Autopsy results		
Address R. F. D. #2, Frederick, Maryland	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
Burial Date thereof 1/27/47 (Burial, commetion, or removal, Which?) Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide and the suicide and		
(Burial, cramation, or removal, Which?) (month) (day) (year)	+ 1. · · · · · · · · · · · · · · · · · ·		
Cemetery or exemptery Mount Olivet Cemetery	Where did injury occur? . (City or town) (County) (State)		
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
t8. Funeral director M. R. Etchison and Son	Means of injury auto accident injured at work? No		
Address. Frederick, Maryland	23. SIGNATURE Charles & Corcley Jr. M. D		
19 25 Jan 1947 Elizabeth J. Heck	23. SIGNATURE C. M. C. or other		

JAN 30 1947

C. Supply every item of it please write the causes ADING INK. PLAINLY, WITH UNF. is especially important.

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eurest town)
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ery (year)
on

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
own)	State Maryland County Carroll	
wn)	City or town	nearest town)
	Street No	fo,
•••••••	2.(a) If veteran, name war	
	3. (b) Social Secur 213-10-9	
d	MEDICAL CERTIFICATION	1127-111
	2D. DATE DF DEATH January 31	7 .6:15P w
years	21. I CERTIFY that death occurred on the date above stated; that I attended Jan us ry 30	31 19 47
) 5813	and that I last saw halive on	
	Pulmonary Tuberculosis	
min,		3Mos
***********	Due 10	
	Due to	••••••
	Other conditions	
	(Include pregnancy within 3 months of death)	
	(Include pregnancy within 3 months of death) Major fieldings of operations	
	Autopsy results	rged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
year)	Accident, suicide, or homicide	
	Whers did injury occur?	
	injured at home, farm, industry, public place (where?)	
	Dh. Bassin	
Registrar	23. SIGNATURE M. Address State Sanatorium, Md. Date sig	DXXXX med 2/1/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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- Po		Dist		7	3	7
	D	EN: -A	B.I.	-	~	بلد

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County Carroll		
City or team (If outside city or town limits, write RURAL and give nearest town)	40 1 40		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospitat, testitution, or street address where death occurred: Frederick City Hospital	Street No.		
How long to hospital or institution? Since January 19, 1947	(If rural, give LOCATION) None		
	2.(a) If veteran, name war None		
3. (a) FULL NAME Murray, Bro Zaur	3. (b) Social Security Number None		
4. Sex 5. Cotor or raco 6./6) Single, Married, Widowell, or diverced	MEDICAL CERTIFICATION		
F W W	20. DATE OF DEATH 200 1947, at 9 A M		
Clarence M. Murray	21. I CERTIEX that dealth occurred on the date above stated; that I attended deceased from		
0-(0) Name of mostand of part.	" Jan 13 1047 10 Jan 30 10 47		
7. Birth date of Tana CO TEGO	and that last saw here alive on Joe Jo 19 47		
deceased (mo., day, yr.) June 22, 11869	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day			
	January		
g. Birthplace Buckeystown-Frederick-Maryland (Town, county, and state)	Oue to		
At. Home			
TU. USU21 OCCUPATION	Ouo to Oslina p climas		
11. Industry or business	Dist Bull To		
Henry E. Smith 12. Name Henry E. Smith 13. Birthplace Frederick County Maryland	Other conditions		
	(Include pregnancy within 3 menths of death)		
14. Malden name. Unknown Unknown Unknown	Major findings of operations.		
16. Informant Mrs. Charles E. Webster	Autopsy results. Now		
Address Mount Airy, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buriel 2/1/47	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, comation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or Mount Olivet Cemetery	Where did injury occur?		
Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Means of Injury Injured at work?		
Prodonials Manufand	a a A mx		
	23. SIGNATURE M. D. or other		
19. 31 Jan 1947 Elizabeth J. Hech.	Frederick, Md : gold street 1/30/47		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corner age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00558

CERTIFICATE OF DEATH

			147
Reg.	Diat.	No.	

1. PLACE OF DEATH: Ceunly	2. USUAL/RESIDENCE (HOME) OF DECEASED: (For rewborn infants give recidence of mother) State
3. (a) FULL NAME CARRIE MAY 1	Vorwood 3. (b) Social Security Number
1. Sex 5. Color or tace 8.(a) Single, married, widowed, or divorced Nemale White Married 8.(b) Name of husband or wife John F Mor wood of 13	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days 11 less than one day	and that I last saw her alive on January II 1947 Immediate cause of death DURATION Geretgal Embolism Garg
B. Birthplace Filescopy (Town, county, and neate), 1D. Usual occupation Thusbury Care	Due to Coronary Thrombosis 15 da
11. Industry or business 12. Name	Dither conditions (Include pregnancy within 3 months of death)
14. Maiden name Henrie Ha Lughans 15. Birthplace Many land	Major findings of operations.
Address M. Carry M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Whigh?) Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location MIX. any Fred Co- Mid	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Eventual Address Event Source a Court	23. SIGNATURE Jolanly Grabill - M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 15 1947

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CEPTIFICATE OF DEATH

				CERTIFICA	L OF	DEATH		Reg. Dist	. No.	<i></i>
1. PLACE OF D	EATH:	ck			(For 1	L RESIDENCE (I	ve residence of r	mother)		
City of the County of the Coun				State Maryland County Frederick City of two City of t			T			
3. (a) FULL NA	ME							3. (b) Social	Security	Number
		WASHI	INGTON	A. PEDDICORD				None		
4. Sex	5. Cold	or or race	6.(a)single	e, married, widowed, or divorced				RTIFICATI		
M	V	V		M	20. DATE OF	DEATH 249	anna	ug	19.47	, al 7:45 P.
6.(b) Name of husbal	min multa	Matt	le E.	Gaither		Y that death occurre				
7. Birth date of deceased (mo., day			5 22,	e) It alive, give age 72 years 1880		at aaw h. Lun. all	ve on 25	/		19 4 7 OURATION
8. AGE: Yes	979 N	fontha 5	Days 2	If tess than one dayhrsmin.	Can	cause of dasth	Through	ari		1/2 Laur
9. Birthplace	ess ashii	armer ngton	Peddi	cord		lons				
	Emma	a Jane	e (las	t name unknown	13	(Include pregr				
2 15. Birthplace	Bal	timore	, Mar	yland				Date o	f op	
				ldicord rick, Maryland		sults V: Please onderline				statistically.
Buria (Burial, operation of crem	al	Mount	Date there	t Cemetery	Accident, su	NCE: If death was di picide, or homicide njury occur?		Oal	te of	
Localion		Frede	rick,	Maryland	Injured at he	ome, farm, Industry,	public place (wh	nere?)		
to Franciski director		M. R.	Etchi	son and Son	Maana ot tn	jury		Injured at	work?	
Address		Frede	rick,	Maryland	23. SIGNAT	Clear	les X (Enley S	h.)21.	D-
19. 2.5 (Date rec'd by	registrar)	19.14.7	13	in abuth J. Hech	Address7	Wep.)	ned. Exe	anned of		or other

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information careful Physicians: please write the causes of death clearly an

important.

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WRITE

PLEASE

JAN 30 1947 BUREAUTS CERTIFICATE OF DEATH

Registrar

1. PLACE OF DEATH: County Frederick Frederick (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and Lifetime How long in above place of death?.... Itospital, Institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 13 days 3. (a) FULL NAME JOHN CHARLES PHILLIPS 4. Sex every item of ite the causes MARGIN RESERVED FOR BINDING Single Male White 8.(b) Name of husband or wile..... . 6.(c) If alive, give age write April 10, 1865 deceased (mo., day, yr.) Supply If less than one day 8. AGE: 81 9 Frederick, Frederick Co., Physicians: Former City Employee to. Usual occupation.... UNFADING 1t. Industry or husiness John Phillips 12. Name..... important. Europe 13. Birthplace 14. Malden na 15. Birthplace Margaret Houck 14. Malden name..... Europe especially 16. Informant Emergency Hospital Records PLAINLY, is especially Frederick, Maryland Address Date thereof January 15, 1947
(month) (day) (year) Burial
(Burial, cremation, ex removal, Which?) Cametery or cremetery Mount Olivet Cemetery WRITE Frederick, Maryland C. E. Cline & Son PLEASE 19. Funeral director. Frederick. Maryland Address

(Date rec d by registrar)

 USUAL RESIDENCE (HOME) OF (For newborn infants give residence of remaining the property of the pr	DECEASED:	
State Maryland coun		
(If outside city or town limits		
Street No. 326 East Patri		
(if rural, give None		
2.(a) If veteran, name war		
	3. (b) Social Securit	y Number
	None	
MEDICAL CE	ERTIFICATION	
20. DATE OF DEATH January 13	th 19.47	10:00
21. I CERTIFY that death occurred on the date abo		
Jan. 1	47 10 Jan	. 13 19 4
and that I last saw h	Jan. 13	19.4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DURATION
Cevebral Lemorrha	g e	2 days
Oue to		
***************************************	••••••••	
Dua to		
M. Jan V. andan A	0	2 11 60 15
Other conditions Arterio-sclerot	ic Cardio-	290003
Vascular Disease (Include pregnancy within 3 m	continuod death)	
	de d	
italor itumings at abeternose		

Autopsy results	ich death should be charge	d statistically.
22. VIOLENCE: If death was due to external cau		
Accident, suicide, or homicide		
Where did injury occur?(City or town)		(State)
injured at home, farm, industry, public place (wi	nera?)	
Means of Injury	Injured at work?	
2 1		Λ
23. SIGNATURE Bernard Hu address Frederick, Md.	mas Jr. M	· <u>J</u> .
to don't us!	М. І	or other
Address / reduce, W.d.	Date signe	d May . 141 14





JAN 15 1947
BUREA 3 6

CERTIFICATE OF DEATH

Reg. Diat. No.

H /		
y/cor	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The	County The Alleren	State Maryand County Howard
	(if outside city or town limits, write RURAL and give nearest town)	1 1 1 1 1 1 1 1 1
carefully arly and	How long in above place of death? 3 days	(If outside city or town limits, write RURAL and give nearest town)
rly	Hospital, Institution, or street address where doubt decurred:	Street No
on care clearly	How long In hospital or Institution?	2.(a) If veteran, name war
itio	3. (a) FULL NAME	3. (b) Social Security Number
nformation of death cle	Jr. William Poole	217-22-6187
****	4. Sex 3. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
em of	Male when Mairie	20. DATE OF DEATH. 6 19.47 al // A.
## ##	6.(b) Name of husband or wife. Stratuse E. Loole	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
every ite th	7. Birth date of years	and that last saw ham alive on 19.4.2
	deceased (ma., day, yr.) 200 14 - 1880	Immediate cause of death
Supply ease wr	8. AGE: Years Months Days If less than one day	A second
-	66 10 20nin.	Cent Coroney Montone 3 day
KK.	9. Birthplace Maryland Howard Coruly (Town, county, and state)	Due to
G II	10. Usual occupation. Carpentin	
7.7	11. Industry or business	Due to
ADI	12 Hame Welliam W. Toole	Other conditions Ortens scheme:
E .	13. Birthplace Maryland	Under Conditions
tan	50:1: 4400	(include pregnancy within 8 months of death)
WITH	14. Maiden name 11.	Major findings of operations.
-	25 15. Birthplace Maryland	Date of op.
cainly, especially	18. Informant Miss. The Misself Joseph	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY s especial	Address Liebourd pud	22. VIOLENCE: If death was due to external causes, fill in the following:
[LA] esp	(Burial, consultion, exercised Whitch?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
- lead	O. H. M.	Where did injury occur?
ITI	Cemetery of seematory	
WRITE	Location MS COLD	Injured at home, farm, Industry, public place (where?) Means of injury Injured al work?
SE	18. Funeral director	C C A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AS	Address Wenderld Med	or SIGNATURE (1. (1. Vearse M.D.
PLE	19 8 January 1947 Elizabeth & Heck.	23. SIGNATURE M. D. or other

C. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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WRITE

PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

005624/ Reg. Dist. No.

State. Lie Ty Leand County Tender Brunswick (If cutted city or town limits, write RURAL and give necreat town) Royalia Institute, or street address where death occurred: 1.7 B. Street R. 1.17 B. Street R. 1.18 Street R. 1.19 B. Street R. 1.10 B. Street R. 1.10 B. Street R. 1.10 B. Street R. 1.11 No. B. Street R. 1.11 No. B. Street R. 1.12 No. B. Street R. 1.13 B. Street R. 1.14 No. B. Street R. 1.15 B. Street R. 1.16 J. Street R. 1.17 No. B. Street R. 1.17 No. B. Street R. 1.18 J. Street R. 1.19 J. Street R. 1.10 J. Street R. 1.10 J. Street R. 1.10 J. Street R. 1.10 J. Street R. 1.11 J. Street R. 1.11 J. Street R. 1.12 J. Street R. 1.12 J. Street R. 1.14 J. Street R. 1.15 J. Street R. 1.15 J. Street R. 1.16 J. Street R. 1.17 No. B. Street R. 1.18 J. Street R. 1.19 J. Street R. 1.10 J. Street R. 1.	County	ederick				Elas Lesidence of morner	_	1
Second of the se	City or town B	runswick			StateLaryland	Coucly Z	treduce	<i>R</i>
In the state of th	(lf c	outside city or town	limits, write RI	JRAL and give nearest town)	City or town Bruns	wick, Md.		••••
1.17 B. Street. Now long in hospital or institution? 3. (G) FULL NAME Charles E. Renner 3. (b) Social Security Number 3. (b) Social Security Number Mitch Widowed 8. (c) Single, married, widowed, or diverced Widowed, or diverced Widowed 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 8. (d) Hame of husband or wife Security Number 9. (E) Hame of husband or wife Security Number 10. Date of each of the date above stated, that algument description of the fall last saw h. (a) all we not stated the state above stated. 10. Date of each of the fall last saw h. (a) all we not stated description of the fall last saw h. (a) all we not stated description. 11. Industry or business 11. Industry or business 12. Hame Charles E. Renner 13. Industry or business 14. Maiden name Margaret Luft Najor Sadings of operations. 15. Sintylander Margaret Luft Najor Sadings of operations. 16. Where drain the cause to which death should be charged statistically. Najor Sadings of operations. 18. Funcai director. 19. United of husband or interest. 19. United of husband or interes					(If outside of	city or town limits, write	RURAL and give n	nearest town)
Now long in hospital or institution? 3. (a) FULL NAME Charles E. Renner 6. Set Charles E. Renner 6. Set Obstance of the data of the da								***************************************
3. (a) FULL NAME Charles E. Renner 6. (a) Single, married, widowed, or divorced Widowed, or divorced Widowed, or divorced Widowed Committee Widowed Committee Commit						(If rural, give LOCA	TION)	
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8. (b) Name of husband or wife		5. Color or race	6.(a)Single	, married, widowed, or divorced	M	EDICAL CERT	FICATION	
5.(c) Name of husband or wife	made	White		Widowed	20 DATE OF DEATH	January 2	1947,	9:15 A
T. Birth date of deceased (mo., day, yr.) Sept. 27, 1875 S. AGE: Tears 69 Months 6 It less than one day 6 It less		20	1.	, D				
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deceased (mo., day, r.) 8. AGE: Years 69 Months 6 If less than one day 6 (Town, county, and state) 10. Usual occupation. Retired R. R. Employee 11. Industry or business 12. Name Charles E. Renner 13. Birthplace Hagers town, Md. 14. Maiden name Margaret Luft 15. Birthplace Baltimore, Maryland. 16. Informant M.T.S. Att. ymond Goodrich Major findings of operations. 18. Informant M.T.S. Att. ymond Goodrich Major findings of operations. 18. Informant M.T.S. Att. ymond Goodrich Major findings of operations. 19. Burial Major findings of operations. 19. Burial Major findings of operations. 19. Cemetary or crematory Molechia Major findings of operations. 10. Usual occupation. Maryland. 11. Burial Major findings of operations. 12. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 18. Funeral director. Ered W. Kreiss Address Hagerstown, Md. 18. Funeral director. Ered W. Kreiss Address Hagerstown, Md. 23. Signature 23. Signature 24. Signature 24. Signature 25. Signature 26. Due fo. Due fo. Due fo. Unclude pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 27. VIOLENCE: fi death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Manns of Injury Injured at home, farm, Industry, public place (where?) Manns of Injury Injured at home, farm, Industry, public place (where?) Manns of Injury) If alive, give ageye	ars C	The state of the s		11
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23. SIGNATURE	18. Funeral director	Fred W	. Krai	\$.8	Means of Injury	1/6 /	injured at work?	N P N
18. 1-20 18. 47. Eugenia H. Bushe Jessenson M. D. or other	Address H:	gerstown	, Md.	6000	23. SIGNATURE	2	7113	- 44
	19. / - 2	19.4	7 Eu	genia H. Bu	he Vorm	unter	M. I	D, or other



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00563

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: 4	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	B- 10 de-i-b
low long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 235 H. Church Street
6	(If rural, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	O
Emma Kale S	alter none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I It Single	20. DATE OF DEATH 1947 et 5/5 P. 1
a (b) has a dischard as wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Jan 4 194 10 Jan 197
7. Birth date of	and that I last saw h last re on 19.7
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death DURATION
o. Aug.	5 mbsterm ragur og
76 7 //min	- C gangen
9. Birthplace J. M. (Town, county, and state)	Due to July
Petine & Hosily Englower	e Course / My Feature
10. Usual occupation	Oue to
11. Industry or business	-
12. Name	Other conditions
13. Birthplace Judench - Mrs.	(Include pregnancy within 3 months of death)
14. Maiden name. Nettie J. Stull 2 15. Birthplace Judenik - md.	Major findings of operations
2 15. Birthplace I rederick - ml.	
16. Informant mus. Richard Keyser	Autopsy results
Address flill ave. I rederick - Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R 1-14-1947	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereot	Accident, suicide, or homicide
Cemetery or exemetery Int. alwest Cemetery	Where did injury occur?
Location Frederick-Ind.	Injured at home, tarm, industry, public place (where?)
1800: 48	Means of Injury Injured at work?
18. Funeral director.	11 712 6 17 11 6
Address Fuglick-ma,	23. SIGNATURE Howard W. Will M
1913 Jan 1947 Elisabeth y. Heck	M.p. or other
Registre	Rate signed

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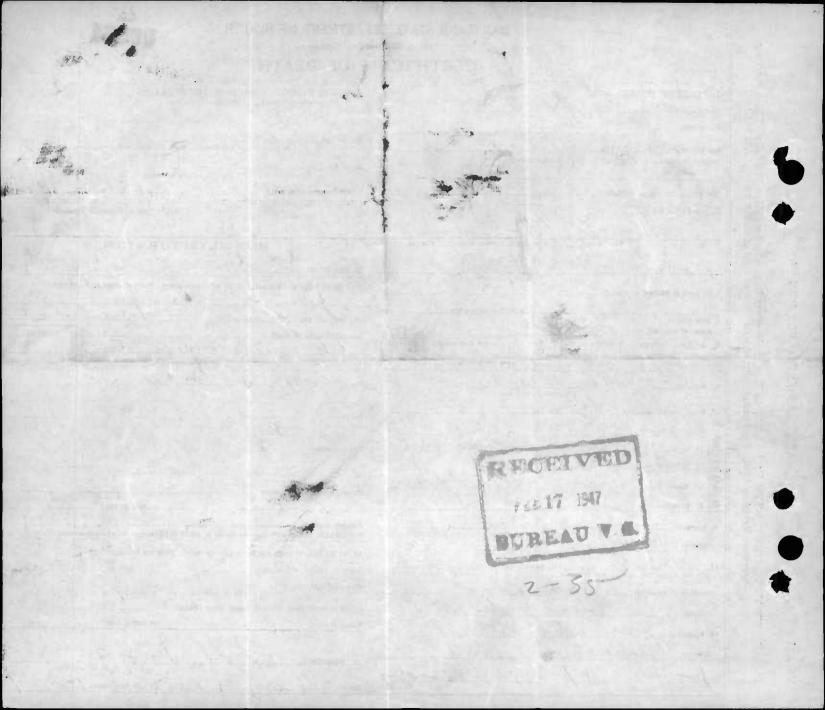
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3d



CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick Co	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or fown	State County Trechericle
(If outside city or town limits, write KUKAL and give nearest town)	City or town (If of side city or town limits, write RURAL and give nearest town)
How teng in above place of death?	(if optside city or town limits, write KUKAL and give nearest town)
	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war.
3. (a) FULL NAME Soy Clifton Saylor	3. (b) Social Security Number
4. Sex (5/Color or race (6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male of the 1 0.00	20. DATE DE DEATH. GUN 3 1947, 21 9 9 M
- I single	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
S. (c) If alive, give ageyears	19. 12. to Jakob 3 19. 19. 19.
7 Birth date of H a N D	and ther'l last saw h M alive on 19.
deceased (mo., day, yr.) checoust to 1 1697	Immediate cause of death
8. AGE: Years Months Days tfless than one day	Chronic myrearstite
59 3 9hrsmin.	
godenne le mad	Due to arlesso Doherson
9. Birthplace (Town, county, and state)	Diff. (O
10. Usuat occupation Jalo	***************************************
	Due to
11. Industry or business	
12. Name Solemen Catalogue Saylor 13. Birthplace Gredent Com G	Other conditions
\$ 13. Birthplace Frederick to MQ	(Include pregnancy within 3 months of death)
Sugar Potting Homan	
14. Malden name Susan Cathain Hoffman 15. Birthplace Frederick Co g Md	Major findings of operations
\$ 15. Birthpiace Tredouse Co- 1 VI a	Dats of op.
16 informant Man Susan C Daylor	Autopsy results
111. 11 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wardston IV q	22. VIOLENCE: If death was due to exteroal causes, fill in the following:
(Burlal, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or cromatory Deaves Losse	Where did injury occur?
Location less thurs Bridge Man	Injured at home, farm, industry, public place (where?)
21/10/10/10/10/10/10/10/10/10/10/10/10/10	Means of injury injured at work?
18. Funerat director aguarant J. T. Maglet	n 11 1
Address Millon Bridge 409.	a mount
1-14 117 / 12011	23. SIGNATURE. M. D. or other
19./	Milliam (San Da Bata almed 1-41-47



CERTIFICATE OF DEATH

	V. CERTIFICATION OF THE PROPERTY OF THE PROPER	Reg. Dist. No
	1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Sizis County City or town (if outside city or town limits, write RURAL and give nearest town) Sirest No. (If rural, give LOCATION)
	How long In hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Fannie Schee	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced lemale white Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
4	8.(b) Name of husband or wife 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 3. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from 19.4. to
	8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	9. Birthplace. Fully Fully Mich (fown, county, and state) 10. Usual occupation. How has been stated to the following state of the following stated to	Oue to.
	12. Name Philip a. School 13. Birthplace Chroman 14. Maiden name Kathering (unknown) 15. Birthplace Chroman	Other conditions
	6	Major fiadings of operations
	16. Informant My Julian Barger	Autopsy results
	Addrass 17 Berial (Burial, cremition, or remeral, Which) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicids, or homicide
	(Burial, cremation, or removal, Which) (month) (day) (year)	
	Location Fudurib and	Where did injury occur?
	18. Funeral director Hours E. Coarty Car	Means of Injury Injured at work?
	Address Frederick Ind.	23. SIGNATURE M. D. or other
	(Date rec'd by registrar) Registrar	Address malerial and Date signed 13/1

The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consense is especially important. Physicians: please write the causes of death clearly and leginly. MARGIN RESERVED FOR BINDING

age

9-45-1

RECEIVED

JAN 14 1947

BUNKATIE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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- 3			
- 4		ъ.	

Reg. Dist. No. 131/

1. PLACE OF Gounty Fre	DEATH: derick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
F	rederick-R	ural	***************************************	State Maryland Coun	Frederick	
CHANGE TOWN	(If outside city or town lin	mits, write I	RURAL and give nearest town)	Frederick		
How long in ebove place of death?				(If outside city or town limits, write RURAL and give nearest town) 508 North Bentz Street		
How long in hospit	rgency Hos	ce Ja	nuary 9, 1947	Street No		
3. (a) FULL NA	AME JOHN	RICH	IARD SCHILLING	3. (b) Social Security Num		
4. Sex	5. Color or race	6.(a)\$ingt	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M	W		W	20. DATE DE DEATH Jan . 27	e 44	
6.(b) Name of hueb	Bes	sie E	ling	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from	
		B. (c) If alive, give ageyears		11, to 27 19 -7	
T. Birlh date of deceased (mo., d	lay, yr.) Unkno	wn	1873	and that last saw h		
8. AGE: Y	fears Months	Days	It less than one day	Immediate cause of death.	ouration I week	
7	4 ?		hrsmin.		1 week	
F	rederick C	ounty	Maryland			
9. Birthplace	(Town, c	county, and	state)	Due 10		
10. Usual occupati	None	***************				
11. Industry or bus	iness			Oue to	•	
	ohn R. Sch	illir	ng, Sr.	Olher conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12. Name	Frederick	Cour	ty Maryland			
				(Include pregnancy within 8 me	onths of death)	
14. Malden na 15. Birthplace	Frederick	Cour	nty Maryland	Major findings of operations		
					Oale of op	
16. Informant	Hospital	Reco	ords	Autopsy results		
Address				PHYSICIAN: Please underline the cause to which	ch death should be charged statistically.	
11 Buria	l	Date there	eof 1/30/47 (mouth) (day) (year)	22. VIOLENCE: If death was due to external cause		
		- 0	(mouth) (day) (year)	Accident, suicide, or homicide		
Cemetery or eremaility Montevue Cemetery				Where did injury occur?(City or town)	(County) (State)	
	ederick, M			Injured at home, farm, industry, public place (whe	re?)	
1B. Funeral directo	M. R. E	tchis	son and Son	Means of Injury	Injured at work?	
Address	Frederi			Berend	Humas & M.D.	
19. Dato rec'd by	L. 19.47	EP.	jabeth y. Hech.	23. SIGNATURE Bernard Address Frederick, Ut.	M. Dorother	
(Dato rec'd by	registrar)	1	Registrar	Address	Date signed	

JAN 30 1947

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PLAINLY, WITH UNF. is especially important.

WRITE

PLEASE

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

F 0050

CERTIFICATE OF DEATH

00567

1. PLACE OF DEATH: Frederick County Frederick City or the (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Years					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town. Frederick							
								City or town (If outside city or town timit	s, write RURAL and give nea	rest town)		
								Hospital, Institution,	or stree	et address where	death occurred	
					330 Ea	st	Church	Stree	t	(If rural, give	LOCATION)	***********************
How long in hospital	or inst	itution?	************	***************************************	2.(a) If yeteran, name war None							
3. (a) FULL NA						3. (b) Social Security	Number					
D. (a) 10221111		CONRAI	SCHU	LTZ, JR.		None						
4. Sex	5.	Color or race		married, widowed, or directed	MEDICAL C	ERTIFICATION						
M		W		W	January	25 47	12.154					
						25, 19 47						
6.(5) Name of husbre	mu or w	Mary	Eller	Blank	21. I CERTIFY that death occurred on the date abo	ove stated; that t attended dece	ased from					
) If alive, give ageyears		46, 10,00 2	1 -7					
7. Birth date of				, 1854	and that I last saw balance on	Jan 15	19 4					
deceased (mo., da					Immediate cause of death		DURATION					
O. MGE.	ars	Months	Days	tf less than one day	[] [] [] [] [] [] [] [] [] []	A. T.	77					
	92	11	2	hrs. min.	(hence / hye	carelles						
9. Birthplace Ge	rma	ny			Due to.	and the lie	1					
e. bii tiipiaco		(lown,	county, and a		Corone 10	- Jan						
10. Usual occupatio	n	Retired	ı Farn	1er	Bue to							
11. Industry or busin	ness				out tu-							
es	Con	rad Sch	nultz.	Sr.		***************************************	*					
I 12. Name				•••••••••••••••••••••••••••••••••••••••	Uther conditions	******	***************************************					
13. Birthpiace		ermany			(Include pregnancy within 8	months of death)						
14. Maiden nar	ne	Unknow	1	***************************************								
14. Maiden nar 15. Birthplace			Germa	iny	Major findings of operations							
= 13. Birtinplace	Mnc	. Emma										
16. Informant					Autopsy results	hich death should be charged	statistically					
Address 330 E. Church St., Frederick, Md.							,					
					22. VIOLENCE: If death was due to external car							
Burial (Burial, cremetion, or removal, Which?) Bate thereof 1/27/47 (month) (day) (year)					Accident, suicide, or homicide	Date of						
Cemetery or					Where did Injury occur?(City or town)	(County)	(State)					
Macan Prodonials Manualand												
Location Near Frederick, Maryland					Injured at home, farm, Industry, public place (w							
18. Funeral director. M. R. Etchison and Son					Msans of injury	tnjured at work?						
		Freder	ick. I	Maryland	Anne de	1 11-10,1	M. D					
Address			00	. 0 0 0 11 0	23. SIGNATURE TO MUNICIPAL CONTROL OF THE PROPERTY OF THE PROP	p. an	П. р.					
10 25 40	u.	[Ye1	Y	habelle 4. Heck	Frederick, Man	141 -1	or other					
19. The state of t					Troderick. Mai	y Latte Bate cigned	エーとくーは!					

JAN 30 1947
BUREAU V 8

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00568

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick City or bear Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				•••••	Stale Maryland County Frederick Own or town Brunswick (If outside city or town limits, write RURAL and give nearest town)		
				URAL and give nearest town)			
Hospital, instil	ution, or st	reet address where	death occurred	•	Street No.		
Frederick City Hospital Day & 15 Hours					(If rural, give LOCATION) World War I		
How long in he	ospital or in	slitution?	Day o	10 nours	2.(a) If veleran, name war.		
3. (a) FULI	NAME				3. (b) Social Security Number		
		GEORGE	ALVIN	SNODDERLY			
4. Sex		5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION		
M		W		D	20. DATE OF DEATH. 8 January 1947, al 10.	20P	
E (b) Name of	h and the Color	wife Mabe	al Pal	mer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
) If alive, give age 48 years	never 19 10	.19	
7. Birth date o	f	IInlmov		7) II alive, give ageyears	and that I last saw h alive on 9 January	.19.4.	
deceased (n	no., day, yr.) Years	Months	Davs	If less than one day	Immediais canse ol death	URATION	
8. AGE:	54?		Days	44	Frature Sheel	day	
			1	hrs. min.			
9. Birthplace.	Was	hington	n Coun	ty Maryland	Due to.		
		Watchy		state)			
10. Usual occ			Grove		Due to	**************	
11. Industry o							
12. Name	Geor	ge Sno	derly		Dther conditione		
				nty Maryland	(Include pregnancy within 3 months of death)		
H 14. Maide	en name (F	first Na	ame Un	known (Guesffo	ra)		
LOW 15 Birth	place WE	shingt	on Cou	known (Guesffo nty Maryland Snodderly III	Major findings of operations.	1004000000000000000	
-1 10. 0/111	Corr	Geor	re A.	Snodderly III	A-A		
					Antopsy results	dy.	
		Knox,			22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Dale thereof. 1/14/47 (month) (day) (year)				eof 1/14/4'/	Accident evicide or homicide accident Bate of 7 James	ary 41	
Mount Olivet Cemetery					Where did lainer occur? Brunsmick fred. One		
Cemetery of					(City or town) (County) (State	les	
				Maryland	Injured at home, farm, Industry, public place (where?) B.O.R.R. Crae	100000000000000000000000000000000000000	
18. Funeral d	lirector	M. R.	Etchi	son and Son	Meane of Injury Street City Crain Injured at work? WS	1 4	
Address				Maryland	Charles & Corlle	ma	
182	90		GU). A OT GILL	23. SIGNATURE M. C. C. C. M. M. O. Cocher	1	
19. (Dute rec	d by regis	19.H.]		Registrar	Address Frederick, nd Date signed 10 Ja	u. 47	
(Louis 160	-64 .0810			.)]	- 1		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

VS A15 9.

WRITE

PLEASE

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FOR BINDING

ARGIN RESERVED

Address

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

¥ 00569 1310

3. (b) Social Security Number

E OF DEATH

			CERTIFICA
1. PLACE OF DEA County Fred City or town Fred	erick derick	nits, write RU	RAL and give nearest town)
tow long in above place thospital, institution, or Freder:	street address where dick City	leath occurred:	tal
3. (a) FULL NAME		LUTHE	R SPARROW
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced
M	W		M
8. AGE: Years		Days	It less than one day
77	9	29	hrsml
s. BirthplaceMec	(Town, c		ate)
11. Industry or business 12. Name	mes N. Sp Washingto	parrow	C.
11. Industry or business 12. Name Jai	mes N. Sp Washingto	parrow	C.
11. Industry or business H 12. Name	mes N. Sp Washingto Elizabe Loudoun (rs. Flora N. Market	oarrow on, D. eth Vi County a Spar	C. rts Virginia row Frederick, Md

M. R. Etchison and Son

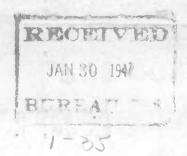
Frederick, Maryland

2. USUAL RESIDENCE (HOME) 0: (For newborn infants give residence of	F DECEASED:
State Maryland Cou	
City or tem Frederick	, write RURAL and give nearest town)
Street No. 804 North Mar	ket Street
(If rural, give 2.(a) 11 veteran, name war None	

		1101.	10	
	MEDICAL (CERTIFICA	TION	
20. DATE DF DEATH	Januar	у 24,	19.4.7 , 21	7 P
21. I CERTIFY that death angulat I last saw h	occurred on the date a	bove stated; that I	ettended deceases	19.4
Immediate cause of deat	t b			DURATION
Aut C	rong I	3 <i>[</i>		5 day
Due to Ostes	noplus	***************************************		
Other conditions.	ngni O	estra		
(Includ	e pregnancy within	3 months of death	.)	
λ		Dat	e ot op	•••••

PHYSICIAN: Please onder	ine the caose to which d	eath should be char	ged statistically.
22. VIOLENCE: If death wa	s due to external causes, t	ill in the following;	
Accident, suicide, or homicid	e	Date of	
Where did injury occur?	(City or town)	(County)	(State)
injured at home, farm, indus	try, public place (where?)	***************************************	
Take the set to be set		injured at work?	

Frederick, Maryland Date signed 1-25-47



TENCUL +

Address

18. Funeral director. M. R. Etchison and Son

Frederick, Maryland

FOR BINDING

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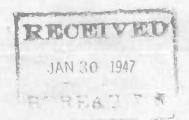
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

ΓI	E OF	DEATH		Reg. Dist. No.	31	
	2. USUA	L RESIDENCE (Ho	OME) OF	DECEASED:		
	State Maryland County Frederick					
	City or town	f'I'	ederi	Write RURAL and give nea	rest town)	
	Street No.	446 West	South	Street ·		
		(1	frural, give I None	LOCATION)		
	2.(a) If vel	eran, name war	110110			
X	XXXX	Zb		3. (b) Social Security 215-26-790	Number O	
I		MED	ICAL CE	RTIFICATION		
		DEATH 25	mes	1947		
		FY that death occurred o		e etated; that I attended dece	aced from	
	and that I is	. dea	2 5	Jamay	19.47	
	Immediaiu	cause of death			DURATION	
	lear	etiple gra		, skull,	Sulat.	
	Due to		•••••		0	

	Due to			***************************************		
				***************************************	* *************************************	
	Other condi	lione	**********************	***************************************		
		(Include pregnar	cy within 3 m	onths of death)		
	Major findi	ings of operations				
				Date of op		
	Autopsy re PHYSICIA	sults N: Please underline th	cause to wh	ich death should be charged	statistically.	
	22. VIOLE	NCE: If death was due	to external caus	see, till in the following:	0 1115	
1	Accident, suicide, or homicide. accident Date of 25 Jan. 47 Where did Injury occur? W. Fredlick Fred Sub.					
		Injury occur? M. F.	ty or town)	(County)	(State)	
	Injured at 1	nome, farm, Industry, pu	blic place (wh	ere?) U.S. Kizhine	4-15	
i	Meane of Ir	jury auto ac	ridens	Injured at work?	0	
-	23. SIGNA	TURE Charles	es N.	Coreley D.	M.D.	
	Address	Erederie	e De	Luciel M. D. Date signed	25 Jani 47	



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PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00571

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
COUNTY	State Maryland county Frederick		
Point of Rocks (If outside city or town limits, write RURAL and give nearest town)	Point of Rocks		
How long in above place of death? 42 Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JAMES WILLIAM STOCKS	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or directed	MEDICAL CERTIFICATION		
M W W	20. DAYE DF DEATH. January 14, 19 47 of 11:30A		
S.(6) Name of hueland or wife Anna M. Fox	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
	cu 13 10 47 10 au 14 15t		
7. Birth date of deceased (mo., day, yr.) March 10, 1863	and that I last faw h. A. M. alive on		
8. AGE: Years Months Days If less than one day	Immediate chuse of death		
83 11 4hrsmin.	The way some		
9. BirthplacNr. Lucketts-Loudoun-Virginia	Milliande allowbushies		
	Due to.		
1B. Usual occupation. Merchant	Sevilety Tituto, Urwary Iklas		
11. Industry of business Operated Own Store	Pelestical		
買 12. Name. Joshua Stocks	Dther conditions		
12. Name. Joshua Stocks 13. Birthplace Loudoun County Virginia			
	(Include pregnancy within 3 months of death)		
Toudour County Vinginia	Major findings of operations.		
14. Maiden name Ellen McCutcheon 15. Birthplace Loudoun County Virginia 16. Informant Mr. Stephen Stocks	Date of op.		
16. Informant Mr. Stephen Stocks	Autopsy results		
Address Point of Rocks, Maryland			
17 Burial (Burial, commation, or removal, Which?) (Burial, commation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident suicide or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Applied 11, and 12, at the state of the stat		
Cemetery or cremetery Union Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Lovettsville, Virginia	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. R. Etchison and Son	Means of injury Injured at work?		
Address Frederick, Maryland.	Jackod Live M. D.		
16 Jan 14 Elighto & Hede	23. SIGNATURE M. D. or other		
19. Le day 19. H. Elhabelle J. Helle (Date ports by pogistrar)	Jefferson, Maryland Date signed		



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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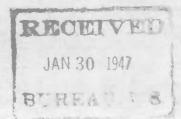
CERTIFICATE OF DEATH

off	
10.	
V	D.

Date signed ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Shalfland	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
llospital, Institution, or street address where death occurred:	Street No. 6 11 Charle alley		
meralny tapital	(1) fural, give LOCATION		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Tewis Richard Studebaker Jr.	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divolced	MEDICAL CERTIFICATION		
male white S	20. DATE DE DEATH Jan . 5 8 19 47 21 4A		
6 /5) Name of historia or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	San. 27 19 47, 10 Jan 28 19 47		
7. Birth date of Toward Off Towar	and that I last saw h ./m alive on January 28, 19 47		
deceased (mo., day, yr.) January 27, 1947	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Congenital Attlections		
min.			
9. Birthplace (Town, county, who state)	Due to.		
10. Usual occupation InPant			
	Due to		
11. Industry or business			
E .	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name tracky make inglibore	Major findings of operations.		
14. Maiden name Exclay Machine School 15. Birthplace 2 redevil Ad.	Date of on.		
16. Informant	Autopsy results		
Address Ind. M. M. d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buriel / 1/20/47	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or cremetery St. Lukes Cemetery ·	Where did injury occur?		
Location Feagaville, Maryland	Injured at home, farm, Industry, public place (where?)		
M D Ftabigon and Com	Means of injury injured at work?		
Fradanial Manyland	2 11 1 22		
Address Trederick, Mary Land	23. SIGNATURE / Servard Olivinos Ja US)		
19. 29 (Date rec'd by registrar) 19. 41 Elizabeth 9 Hegistrar	Frederick, Maryland My or other 1-29-47		
(Date rec'd by registrar) Registrar	Address Date signed		

Address.....



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



00573

Reg. Diat. No. 131

	-						
1. PLACE OF DEATH: County Frederick					2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
Frederick-Rural					State Maryland Cour		
(If outside city or town limits, write RURAL and give nearest town)							
How long in ab	How long in above place of death?				City or town. Frederick-Rural R. F. D. #3 (If outside city or town limits, write RURAL and give nearest town)		
		et address where			Street No Near Bloomfiel	d	
Eme	rgen	cy Hosi	ltal		(If rural, give LOCATION) NONO 2.(a) If veteran, name war		
How long in he	spital or ins	titution?		***************************************			
3. (a) FULI	NAME					3. (b) Social Security 1	lumber
		LEO WI	LLIAM	STULL			
4. Sex	5.	Cotor or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M		W	S		20. DATE OF DEATH January	8th, 19 47	.11:45P.
					21. I CERTIFY that death occurred on the date show		
6.(b) Name of	husband or v	rife		***************************************	nor. 1		
7. Birth date o) If alive, give ageyears	and that I last saw h.i		
deceased (m		Septem	ber 5	, 1918	Immediate cause of death		DURATION
8. AGE:	Years	Months	Days	If less than one day	Lobar Pneumonia		
	28	4	3	hrs, min.		***************************************	
1D. Usual occ 11. Industry of	business Geo:	Labore	Stull Coun		Due to		28years
E. 13. Birting	iace	Annie (lovell	V	(Include pregnancy within 3 m	onths of death)	
14. Maide	n name	اء دُمور ال	- 0	ty Maryland , Sr.	Major findings of operations		
₹ 15. Birthp	tace I'I'	edelitch	coun	cy mary rand		Date of op	
16. Informant.	Geo:	rge E.	Stull	, Sr.	Autopsy results		
Address F	. F.	D. #3,	Fred	erick, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged	tatistically.
Burial Burial					Accident, suicide, or homicide	Date ot	(State)
Incation Near Frederick, Maryland					Injured at home, farm, industry, public place (wh		***********
Location		M. R. F	tchis	on and Son	Means of injury	Injured at work?	
	rector	Predent	ola M	aryland	2 101	0	35 5
Address		riouer	CA MI	arytanu	23. SIGNATURE Bernard Hu	nuosp	M. D.
19. 9 Can 19.47 Elizabett & Heck Registrar					Address Frederick, Mary	M. D. C	1-9-47

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PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00574

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County Indurigh	md toldinale
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Sireet No
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3.(a) FOLL NAME	3. (b) Social Security Number
Harrisonia a. Dinallwood &	hompson
4. Sex 5. Color or race 6.(a)Singler married, widowed, or divorced	MEDICAL CERTIFICATION
7 W married	20. DATE DE DEATH Jan. 10, 18.47 31 6.23 P.M
11) olinu + ylamon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Welliams A. McOmposition	
	900 1943 10 10 gov 10 1941
7. Birth date of deceased (mo., day, yr.) Quarest Do. 1875	and that I last saw h
8. AGE: Years Months Days If less ihan one day	Immediate cause of death DURATION
71 4 21hrsmin.	
9. Birthpiace	Due to
(10wn, county, and state)	
10. Usual occupation. Amaeutte	Due to
11. industry or business	
12 Hame George & Grisses	Dther conditions
12. Hame Jeange & Grisses 13. Birthplace Leesburg, Va.	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings ol operations.
X 15. Birthplace	Date of op.
16 Informant Mrs Richard & Thompson	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Knoprelle, mod	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial oremation of removal Which?) (Burial oremation of removal Which?)	Accident, suicide, or homicide
ego de del total	Where did injury occur?
Cemetery or cremetery	
Location Walkersville + md	Injured at home, farm, Industry, public place (where?)
y C. Buter	Means of Injury injured at work?
18. Funeral director	044 1
Address Willers will md.	23 SIGNATURE (SOOW) COL
13 Jan 117 Elizabeth & Hack.	3. Stonaton
19. (Date rec'd by registrar) Registrar	Address Wolface well, wa Date signed on 13, 4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()(575 Reg. Dist. No. 139

County. Frederick County. State Sana tori um, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 12/6/44 Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sana tori um How long in hospital or institution? Since 12/6/44 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Prince George City or town For restville (If outside city or town limits, write RURAL and give nearest town) Street No. 8110 Marlboro Pike, S.E. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Mary Tippett 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	2D. DATE DF DEATH. January 21 1947 1947 2: 30 A.
6.(b) Name of husband XXX William Mason Tippett 6.(c) If alive, give age 7.1(.?) years	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from December 6 19 44, to Jan 21 19 47 and that I last saw h. er alive on Jan uary 21 19 47
8. AGE: Years Months Days It less than one day 12	Pulmonary Tuberculosis 8 Yrs, 1 Mo.
9. Birthplace Upper Marlboro, Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to
置 12. Name M. L. Boswell	Diher conditione Diabetes Mellitus 8 Yrs.
13. Birthplace Prince George County, Md. 14. Malden name Julia Watson 15. Birthplace Prince George County, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Daughter	Autopsy results
Address 17. Burish (Burish, cremation, or removal. Wischi) Cemetery or crematory Mr Calvery Church (day) (year) Location Toustville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. W. W. Chambers Co. Address 517 - 11th St.S.E. Wash., D.C. 19. Jan. 21 (Date rec'd by registrar) Registrar	Mesne of Injury Injured at work? 23. SIGNATURE R. & Back: M. DKoKokink Address State Sanatorium, Md. Date signed 1/21/47

JAN 22 1947
BUREAU V W.

2411 N. Charles St., Baltimore

1317

00576

CERTIFICATE OF DEATH

Correct age

PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully. The

ARGIN RESERVED FOR BINDING

Reg. Dist. No. 3

	11
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	(For newborn infants give residence of mother)
CHronous Ireduck Marulant Pund	State Maryland County Frederick
(If outside city or town limits, write RURAL and give nearest town)	City or town Thurmost
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Short to R. F. A. IF 2
Emerginey Hospital	(If rural, give LOCATION)
How long in hospital or institution 15 days	
	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ladi Sell Jan	
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divorced	
4. Sex S. Color of face O.(4) Sugger, married, widowed, of divorces	MEDICAL CERTIFICATION
Level white married	0 411 7 1/2 11:100
Contract Con	20. DATE OF DEATH
6. (b) Hame of husband or wife Samuel Wm. Jone	21. I CERTIFY that degin occurred on the date above stated; that I attended deceased from
	Dec. 24 19 6 10 Jan. 7 19 47
7. Birth date of	
deceased (mo., day, yr.) Oltable 22, 1880	and that I last saw h last alive on 19.17
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. 100.	Chronic hephriles 5 yars.
66 d /3nrsmin.	Wremia Stays
middletand Frederick Co. md	
9. Birthplace Madletown Stellento Co., Md. (Town, conty, and state)	Due to
0/- 1/	
10. Usual occupation. Tallelette	Due to
11. Industry or business	
12. Hame Thomas Herina	
	Other conditions
13. Birthplace Frederick. CO.	
14. Malden name Koretta Suver	(Include pregnancy within 8 months of death)
E 14. Malden named	Major findings of nperations.
15. Birthplace Frederick Co.	Date of op.
n 16 + 1/1	
16. Intermant Mas Cathela Mageoune	Autopsy results
Address Thurmont, And	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
(2)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlai, eremetion, or removal Whiteh)	Accident, suicide, or homicide
(Buriai, eremation, or removal which) (month) (day) (year)	
Cemetery or exemeters and the second	Whore did injury occur?
Lacation Greatestarion, And	Injured at home, farm, industry, public place (where?)
Location Location	
18. Funeral director M. B. Leenach I San	Means of Injury Injured at work?
70 1, 2,	0 14 120
Address humont, and	Germand Januas Fr. M.V.
990. 61. 1. To letter 1	23. SIGNATURE AL Door other
(Date red'd by registrar) Registrar	Trederick Mis. Jan. 747
(Date red'd by registrar) Registrar	Address Date signer

JAN 11 1947

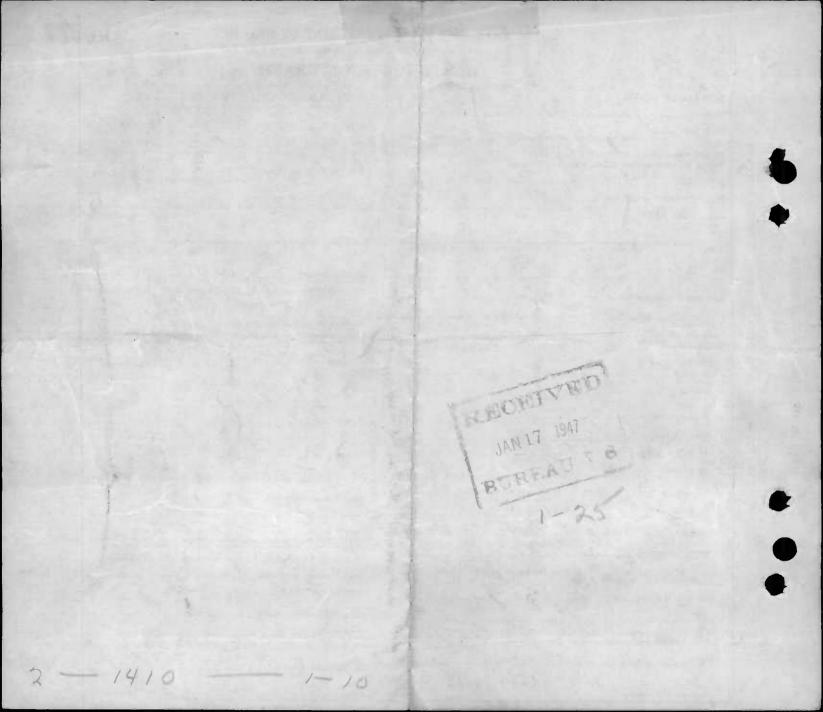
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Cerry.

Registrar

Address

(Date rec'd by registrar)



PRC Evidence uguel red Jely V. 10	for addition ideaes shown 9-3/21/47	MARYLAND STATE D 2411 N. Chai CERTIFICA	EPARTMENT OF HEALTH Flea St., Baltimore TE OF DEATH
1. PLACE OF DE County	ATH: Frederick Union I outside city or town limits, v of death? street address where death of	Bridgewrite RORAL and give nearest town)	City or town
How long to hospital o			2.(a) If veteran, name war
		TEP	
4. Sex FEMAL E	S. Cotor or race 6.0	a)Single, married, widowed, or divorced	MEDICAL CER
7. Birth date of	(r.) October 1	6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above Jan. 18
		nrty y, and state)	Carcinoma stomach Due to
		·p	
		eson	(Include pregnancy within 8 mo
16. InformantCh		adephia. Pa.	II.
17Burial (Burial, cremation	o, or removal. Which?) ory. Mt. Olivet	de thereof	Where did Injury occur?
Location	44	sor, Md.	Mann of Johns
18. Funeral director	Rymond K. W	right	7//

Lewlie Repp

Registrar

Jana 27, 1947₁₉ (Date rec'd by registrar)

U	1)	K	15	0
U	U	U	4	0

(If outside city or town limits, write RUKAL and give nearest town)

(If rural, give LOCATION)

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

OF DEATH

Reg.	Dist.	No	81	<u>Q</u>

MEDICAL CE	RTIFICATION	
20. DATE OF DEATH January 25.	1947	at6p.
21. I CERTIFY that death occurred on the date abov Jan. 18. 19.4 and that I last saw h.e.r	7 Jan. 25	194
Immediate cause of death		OURATION
Carcinoma stomach		***************************************
Due to		
Dus to		***************************************

Other conditions		
(Include pregnancy within 8 m	onths of death)	
Major findings of operations		
Antopsy results		
22. VIOLENCE: If death was due to external caus		
Accident, suicide, or homicide		
Where did Injury occur?(City or town)	(County)	(State)
injured at home, farm, industry, public place (who		
Msans of Injury	Injured at work?	
	/	

CERTIFICATE OF DEATH

	NOS. Diet. 110 mmm. mm.
1. PLACETOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother)
County Tilderick	State May county trederick
(If outside city or town limits, write KURAL and give nearest town)	(If outside city or town limits, write RURAL and give pearest town)
Haponial, Institution, or street address where death occurred	Street No
How long In hospital or institution? 3 4 A	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Cross wetzel.	212-07-0806
4. Sex 8. Color or race 6.(a) Single, married, widow (d) or divorced	MEDICAL CERTIFICATION
male thate married	20. DATE OF DEATH January 19, 1947, 215 A.
6.(6) Name of husband or wife Nora Hartdagen netge	21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from
6.(c) Ralive give age VI years	
7. Birth date of deceased (mo., day, yr.) January 2 - 1892	and that last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
350 0 /7hrsmin.	- Acute Corney Montoning & days
9. Birthplace (Town, county, and sate)	Due 10.
10. Usual occupation Carpenter	
11, Industry or business	Bue to
12 Name a Columbus Delsel	Cther conditions Princhs - Preumme
\$ 13. Birthplace traduck to: And	(Include pregnancy within 3 months of death)
E 14. Maiden name Susay XIII	Major findings of operations
14. Maiden name of the arthory Fredh Com	Date of op.
16. Informant Myo Nora Witzel	Autopsy results.
Address Shurmont 87/W. Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial Bate thereof Jan. 22-47	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or hemicide
(Burlal, countain, or toward, Wiley) Cemetery or exceptory M St. Mary (month) (day) (year)	Where did injury occur?
Location St anthony Freak Few on	Injured al home, farm, industry, public place (where?)
m & Cool see Stan	Means of injury Injured at work?
18. Funeral direptor	(1 (1 + 9 mx
Address Addres	23. SIGNATURE M. D. or other
19 20 You 1947 Emalelly J. Hick.	Judges Md Bata signed /19/4:

PLEASE WRITE PLAINLY, WITH LAFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

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JAN 21 1947 BUHEAU V 8

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WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

00580 Reg. Diat. No. 131

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Frederick Frederick			State Maryland county Frederick				
City or total (If outside city or town limits, write RURAL and give nearest town)		Time and a	1				
How long in above place of death? Life Hospital, Institution, or street address where death occurred:		(If outside cit	(If outside city or town limits, write RURAL and give nearest town) Street No. 107 West Fifth Street		nearest town)		
107 West Fifth Street		Street No.	(If rural, give I None	OCATION)			
How long in hospital or l				2.(a) If veteran, name war	None		
3. (a) FULL NAME						3. (b) Social Secur	ity Number
	CHARI	LES DAY	/ID WILLS			None	
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MI	EDICAL CE	RTIFICATION	
M	W		W	20. DATE OF DEATH	January	28, 19.4	7 . 2:30A
6.(b) Name of husband or	Cath	erine	Esterly	2f. I CERTIFY that death occurr			
8,(0) Name of husband of	WIIG	8 (e) If alive give age ver	a June			19,5
7. Birth date of	Decemb	er 7.) If alive, give ageyea		//		197
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death			DURATION
83	1	21	hrsmi	n. Chrebral	Ha-	Lase	Sdan
Fred	lerick-F	reder	ck-Maryland	Due to	hay fick and the desired and the	4.4	
	(TOWN	. County, and a	tate)	Arters Bele	nsiso		ogust-
10. Usual occupation	tetired	Mercha	ant	Due fo		00 00 00 00 00 00 00 00 00 00 00 00 00	
11. Industry or business						***************************************	
12. Name	Lliam Wi	LIS	3.2 3 3	·· Other conditions		***************************************	
			y Maryland	(Include pres	mancy within 3 m	onths of death)	
# f4. Maiden name	Mary La	mbrigh	<u>r</u>	Major findings of operations	******************************		*************************
S 15. Birthplace F3	rederick	Count	y Maryland				
16. Informant Jo	hn W. V	ills	nt by Maryland	Antopsy results			B1 -1 -M
Address 107 V	. 5th S	st., Fr	rederick, Md.	PHYSICIAN: Please underline			rged statistically.
Burial			. 1/30/47	22. VIOLENCE: It death was t			
(Burial, cremetion,	removal. Which	7	(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or _cramatory	Mount	OTIVE	et Cemetery	Whers did injury occur?			
Location	Frede	rick,	Maryland	Injured at home, farm, Industry	, public place (wh		
f8. Funeral director	M. R.	Etchi	son and Son	Msans of injury		Injured at work?	
Address		rick,	Maryland	130	17/	000	M. D.
0.000		GD	. Don G Ho	23. SIGNATURE	S. A. H. C.		, D, or other
19. (Date rec'll by regi	strar) 19. Ht.]		hallle J. Registr	Address Frederi	ck, Mar	yland Date sig	ned 1-29-47

RECEIVEL

JAN 30 1947

BUREAL

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	T	Reg. Dist. No.	1.3	30

and the second s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city of town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 50	(if outside city or town limits, write RUFAL and give nearest town)
Hospital, Institution, or sfreef address where don'th occurred:	Street No. Smithsburg #
	(If rural tive LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Calvin	Wolfe 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. w. S.	20. DATE OF DEATH & 22 2 2 19 4 7 21 7 19 M
O (I) Name of husband on mile	21. I CERTIEY that death occurred on the date above stated: that Lattended deceased from
6.(b) Name of husband or wife	Sept 4 194/10 4 an 20 194/
7. Birth date of	and that I last saw h and relive on Jauf 2 0 18 57
deceased (mo., day, yr.) The 12, 1860	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Caren ma Posis 4 1am
86 11 8hrsmin.	Johnson
9. Birthplace Threhouse Co.	Due to Care mornin of 141
(Town, county, and state)	of realing !
10. Usual occupation. The Arrel	Due 10
11. Industry or business,	
12. Name William Wolf	Other condition of exist 9 cf arow 10 yr
13. Birthplace Hyederisk Co.,	(Include pregnancy within Smooths of death)
14. Maiden name Maney, Many ans	1 4
15. Birtholace Hred. Col.	Major findings of operations
18. Informant Harry Wall	Autopsy results.
0 0 1 0 1 4 2	PHYSICIAN: Flease underline the cause to which death abould be charged statistically.
Address Smithsburg Md., 42	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whigh?) Dafe thereof. (month) (day (year)	Accident, aulcide, or homicide
Cemefery or cremator of wither Cemetery	Where did lojury occur? (City or town) (County) (State)
11111	(City or town) (County) (State)
Location Location	Means of injury Injured at work?
18. Funeral director	injuice at next
Address 1 S. Church St., Wayneslove Ta	10 ALANTING 4 C. 18 1. So.
" Jan 22 "47 Wolds	23. SIGNATURE M. D. or other
Date rec'd by registrar	Address of my also bucy pate signed 121/47



PLEASE

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MARGIN RESERVED FOR BINDING

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00582

CERTIFICATE OF DEATH



I. Place of Death: Comp. Frederick Chyso town Dickerson-Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Forrest Grove				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick Dickerson-Rural R. F. D. #1 (If outside city or town limits, write RURAL and give nearest town) Forrest Grove		
	r Institution?			(If rural, give LOCATION) NONG		
3. (a) FULL NAM	E		A WORKS	3. (b) Social Securit None	y Number	
4. Sex	5. Color or race	6.(a)Single	o, married , widowed, o r divorced —	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 31, 19 47	1 10 A n	
		6. (6	iam Works 3 II alive, give ageyears 1878	21. I CERTIFY that death occurred on the date above stated; that I attended de January 14th, 1943 10 Januar and Ihal I last saw h. er alive on January 21st,	y 31 ₁₉ 47	
8. AGE: Year	s Months	Days 17	If less than one dayhrs. min.	Coronary thrombosis		
10. Usual occupation. 11. industry or busines	At Ho	me allin		Due to	A 2220	
14. Malden name 15. Birthplace	Ella Re Montgome Miss Nell	ed ry Con ie St		(Include pregnancy within 3 months of death) Major findings of operations		
Buria]	or removal, Which?	Date there	kerson, Md. 2/3/47 (month) (day) (year) et Cemetery Maryland	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
18. Funeral director Address 19. 3		rick,	ison and Son Maryland haletty Hech. Registrar	Means of Injury Injured at work? 23. SIGNATURE C. H. Conley M. I. Address Frederick, Maryland Date signe	M. D.	

FEB 4 1947
BUREAU VA